



Corporation of the Town of Hawkesbury

Organization Recognition Application Form

Please note:

1. Only applications that have been completed correctly and legibly will be accepted;
2. Organization recognition application can be submitted throughout the year;
3. Only organizations that have completed the requirements and submitted documents required by the Organization Recognition Policy will be able to apply for financial from February 1st onward, until funds are exhausted.

SECTION A - Contact details

Name of organization _____

Mailing address _____

Contact name _____

Telephone number _____

Contact email _____

Organization telephone number _____

CRA number of the organization _____

SECTION B - Summary of the organization, its mandate and its mission statement:

Our staff is here to help you!

Please check with the Recreation and Tourism Department
to complete and submit required documents
for recognition of organizations.

SECTION C - Description of the groups served by your organization

1. Describe your activities:

2. Indicate the target group(s) (check all that apply):

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Babies | <input type="checkbox"/> Ungendered | <input type="checkbox"/> First Nations, Inuits or Métis |
| <input type="checkbox"/> Children | <input type="checkbox"/> Women | <input type="checkbox"/> Low-income status |
| <input type="checkbox"/> Teenagers | <input type="checkbox"/> Mothers | <input type="checkbox"/> People with reduced mobility |
| <input type="checkbox"/> Young adults | <input type="checkbox"/> Men | <input type="checkbox"/> Members of LGBTQ2+ |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Fathers | <input type="checkbox"/> Newcomers (immigrants) |
| <input type="checkbox"/> Elderlies | <input type="checkbox"/> Families | <input type="checkbox"/> Visible and ethnic minorities |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Grandparents | <input type="checkbox"/> Mental health support |

3. List any community partners or businesses with whom you collaborate to serve the community.

4. Have you ever worked in collaboration with the Town and its Recreation and Tourism Department? If so, please describe when and how:

5. The activities you organize meet which of the following general objectives? (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Raise awareness | <input type="checkbox"/> Encourage community involvement |
| <input type="checkbox"/> Bring citizens together | <input type="checkbox"/> Serve a diverse community |
| <input type="checkbox"/> Meet a municipal mandate | <input type="checkbox"/> Create a sense of belonging |
| <input type="checkbox"/> Ensure the viability of organizations | <input type="checkbox"/> Help make a project a reality |
| <input type="checkbox"/> Stimulate economic activity | <input type="checkbox"/> Stimulate cultural and artistic scene |
| <input type="checkbox"/> Support ecological efforts | |

SECTION D – Financial statements and/or annual budget projections:

You can submit your financial statements or complete the following table.

REVENUES (actual or projected)	Financing	In-kind support services
a) Government grants		
i) Municipal	\$	\$
ii) Provincial	\$	\$
iii) Federal	\$	\$
b) Fundraising campaign (specify)		
i)	\$	\$
ii)	\$	\$
iii)	\$	\$
c) Donations and other grants (please include volunteers and service support)	\$	\$
d) Admission or participation fees	\$	\$
e) Other revenues (specify)		
i)	\$	\$
ii)	\$	\$
iii)	\$	\$
TOTAL REVENUES (actual or projected)	\$	\$
EXPENDITURES (actual or projected)	Expenditures	In-kind support services
a) Salaries and benefits	\$	\$
b) Location	\$	\$
c) Equipment and furniture	\$	\$
d) Office supplies and services	\$	\$
e) Transportation	\$	\$
f) Publicity	\$	\$
g) Translation and interpretation	\$	\$
h) Other expenditures (specify)		
i)	\$	\$
ii)	\$	\$
iii)	\$	\$
TOTAL EXPENDITURES (actual or projected)	\$	\$
ACTUAL OR PROJECTED SURPLUS OR (DEFICIT)	\$	\$

SECTION E – Declaration and signatures

ATTENTION: The organization and its members agree to notify the Recreation and Tourism Department of any change in the information provided above.

I hereby certify that the information contained in this form is as accurate as possible, to the best of my knowledge, and I am authorized to act on behalf of the organization applying to the Town for recognition as an organization.

Name

Signature

Title

Date

NOTE: All information contained in this application is subject to the *Freedom of Information and Protection of Privacy Act*.

SECTION F - Checklist

Documents to include so your application is complete. Please check (✓) the boxes below to avoid omissions.

- Sections A to E of the application are duly completed and a brief list of the organization's activities, programs and services is provided;
- Letters patent (only if it's an initial application);
- List of members of the Board of Directors, Executive Committee or members of the Organization and Coordinating Committee;
- List of members of the organization (for associations with members, include name, town of residence, telephone number and email address);
- Copy of charter or regulations;
- Copy of municipal facility rental contract(s) (if applicable to your request);

- Proof of liability insurance (if applicable);
- Financial statements for the last year;
- Copy of Board of Director's resolution supporting application for recognition.

Please note that after your application has been reviewed, you may be asked to provide a letter of recommendation or support (letters must be signed by an authorized agent of the association) or any other documents deemed necessary.

NOTE: Lack of documents could delay approval of your application.