



# Corporation of the Town of Hawkesbury

## Support Application Form

**Please note:**

1. Only applications that have been completed correctly and legibly will be accepted.
2. Only organizations that have met the requirements and completed the reports in accordance with the Organization Recognition Policy and the Organization Support Program Policy will be eligible for future applications.

### SECTION A - Contact details

Name of organization

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Mailing address

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Contact name

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Telephone number

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Contact email

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CRA number of the organization

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### SECTION B - Project summary

Name of activity, program or event

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Start date of proposed project(s)

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End date of proposed project(s)

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<input type="checkbox"/> Administrative support:	Reserved for administration as per agreement	
<input type="checkbox"/> Insurance:		
<input type="checkbox"/> Coordination:		
<input type="checkbox"/> Promotional:		
<input type="checkbox"/> Financial support:		
<input type="checkbox"/> Creation of new organization:		
<input type="checkbox"/> Operations support:		
<input type="checkbox"/> Holding special events:		

<input type="checkbox"/> Physical support:	Reserved for administration as per agreement	
<input type="checkbox"/> Event logistics:		
<input type="checkbox"/> Installation use*:		
<input type="checkbox"/> Equipment storage or loan:		
<input type="checkbox"/> Other types of donations or service support (describe): <b>Total request:</b>		

\*The amount requested must correspond exactly to the costs of the municipal facility rental contract **before taxes**. Please contact [inforec@hawkesbury.ca](mailto:inforec@hawkesbury.ca) to speak with a department employee, to help you obtain a rental contract. The contract must be included with your application and will be used to identify the value of the administrative and physical support costs.

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**Funds may be:**

- Collected in person at the Municipality
- Sent by mail to the above address
- Sent by mail to the following address: \_\_\_\_\_

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**SECTION C – Project description: event, activity or program**

**1. Describe your event or project.**

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**2. Indicate target group(s):**

<input type="checkbox"/> Babies	<input type="checkbox"/> Non-gendered	<input type="checkbox"/> First Nation, Inuit ou 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
<input type="checkbox"/> Elderlies	<input type="checkbox"/> Families	<input type="checkbox"/> Visible minorities and racialized
<input type="checkbox"/> Others : _____	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Mental health support

**3. List any community partners or businesses that contribute to or are involved in your project or event.**

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**4. If you are requesting a higher amount than last year's grant/support, please justify the increase.**

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**5. If your project or event generates profits, please explain how your organization intends to manage, invest or reallocate these revenues.**

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## SECTION D – Budgetary estimates

PROJECTED REVENUES	funding	in-kind services
a) Government grants:		
i) Municipal (requested support)	\$	\$
ii) Provincial	\$	\$
iii) Federal	\$	\$
b) Fundraising campaign (specify)		
i)	\$	\$
ii)	\$	\$
iii)	\$	\$
c) Donations and other grants (please include volunteers and service supports)	\$	\$
d) Admission or participation fees	\$	\$
e) Other revenues (specify)		
i)	\$	\$
ii)	\$	\$
iii)	\$	\$
<b>TOTAL PROJECTED REVENUES</b>	\$	\$
ESTIMATED EXPENDITURES	expenditures	in-kind 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)	\$	\$
<b>TOTAL ESTIMATED EXPENDITURES</b>	\$	\$
<b>PROJECTED SURPLUS OR (DEFICIT)</b>	\$	\$

## SECTION E – Declaration and signatures

### **The organization and its members are committed to:**

- Notify the Recreational and Tourism Department of any changes in the information provided above;
- Use the financial support for the above activity unless otherwise approved by the authorities;
- Not use the financial support of the Town of Hawkesbury to pay an employee of the organization;
- Place the Town of Hawkesbury logo on all advertising materials for the project proposed herein.

**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/group.**

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.

- Section A to E are duly completed.
- List of Board of Directors or Coordination Committee members.
- Copy of municipal facility rental contract(s) (if applicable to your request).
- Patent letter (only if initial application).
- Previous year's financial statements for requests over \$1,000 only (without your previous year's financial statements, your request will not be presented to Council).

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.**