

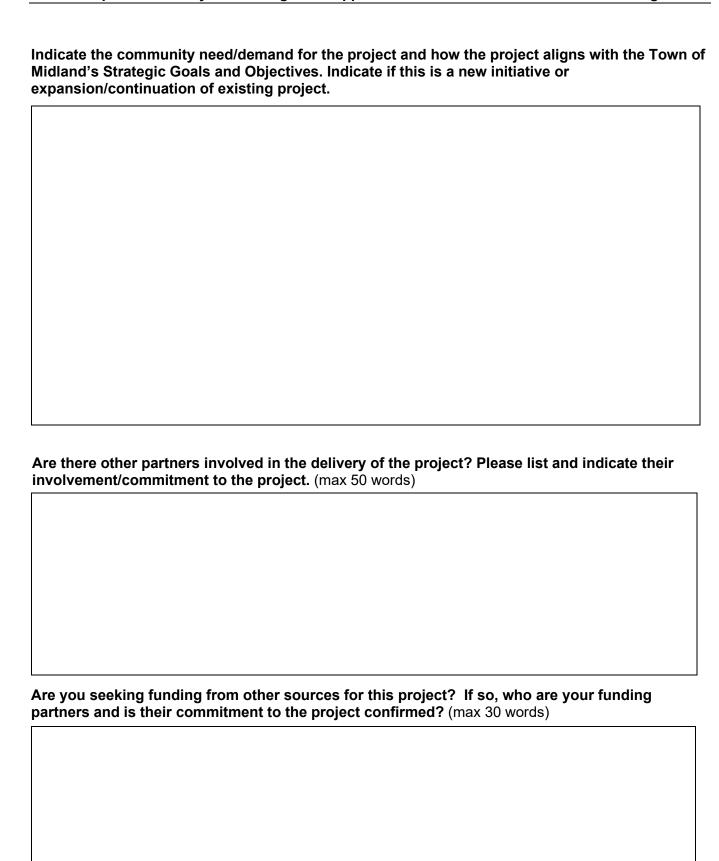
## **Municipal Community Grant Program Application**

575 Dominion Avenue, Midland, ON, L4R 1R2 Telephone: 705-526-4275

Submit to: grants@midland.ca

Applicant Information	
Applicant	
Contact	
Contact's title	
Address	
Municipality	
Postal Code	
Phone	
Email	
Website	
If successful, grant monies payable to:	Name/Organization: Address:
In accordance with the Mur will be used for the purpose disclosure of information co Protection of Privacy Act, R successful applicants include the Town of Midland's webs	and Protection of Privacy Legislation.  Inicipal Freedom of Information and Protection of Privacy Act, all information gathered of selection of applications for community grants. The applicant hereby consents to portained in this submission, pursuant to the Municipal Freedom of Information and R.S.O. 1990. The application form and information submitted as well as the identity of ding the community grant level of funding awarded will be available to the public on site and through budget reports.  Inization/yourself (max 50 words)
Grant Request (Specify	
\$ Financial Su	
\$ In-Kind Supp	port (if unsure of the value of in-kind, indicate "unsure")
Project start date:	Project end date:
Provide a short descrip	otion of the project* that you would like funded (max 50 words)

<sup>\*</sup>project refers to program/service/event/activity





nunicipalities	If so, what is the	status of thes	e requests? (n	nax 50 words)	
ow many resi roject? (max	dents of the Town 50 words)	of Midland wi	ll benefit from	and will be in	volved in this
low will you r	neasure and evalu	ate the succes	ss of this proje	ect? (max 100 v	words)
/ho will overs nax 50 words)	ee the implementa	tion of this pr	oject and fina	ncial managen	nent of the project?
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Midland	_
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Project Budge	ŧ
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Project Budget Revenues	Description/Source	Budget (\$)	(C)onfirmed or (P)rojected	Actual Amount (final report only, if
Town of Midland (Cash)				approved)
Town of Midland (In-Kind)				
Other gov't - municipal				
Other gov't - County				
Other gov't - Provincial				
Other gov't - Federal				
Earned revenue				
Applicant contribution				
Fundraising				
Sponsorship/Donations				
In-kind (list specific)				
Other				
	Total Revenues			

Expenditures	Details	Amount (\$)	Actual (see above)
	Total Expenditures		

I confirm that all submitted information is truthful, fair, and complete. I agree to all terms and that a final report is required within three months of the project completion date. I agree to acknowledge support received by the Town of Midland in the manner described by the Community Grant Committee. I am authorized by my organization to bind it through the submission of this application. I confirm I have read the privacy statement on page one of the application.

Name	Signature	Date