



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:

Freedom of Information and Protection of Privacy Legislation.

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, all information gathered will be used for the purpose of selection of applications for community grants. The applicant hereby consents to disclosure of information contained in this submission, pursuant to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. The application form and information submitted as well as the identity of successful applicants including the community grant level of funding awarded will be available to the public on the Town of Midland's website and through budget reports.

Tell us about your organization/yourself (max 50 words)

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Grant Request (Specify Amount)

\$_____ Financial Support

\$_____ In-Kind Support (if unsure of the value of in-kind, indicate "unsure")

Project start date: _____ Project end date: _____

Provide a short description of the project* that you would like funded (max 50 words)

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*project refers to program/service/event/activity



Indicate the community need/demand for the project and how the project aligns with the Town of Midland's Strategic Goals and Objectives. Indicate if this is a new initiative or expansion/continuation of existing project.

Are there other partners involved in the delivery of the project? Please list and indicate their involvement/commitment to the project. (max 50 words)

Are you seeking funding from other sources for this project? If so, who are your funding partners and is their commitment to the project confirmed? (max 30 words)



If this is a North Simcoe initiative, are you seeking support (both cash/in-kind) from the other municipalities? If so, what is the status of these requests? (max 50 words)

How many residents of the Town of Midland will benefit from and will be involved in this project? (max 50 words)

How will you measure and evaluate the success of this project? (max 100 words)

Who will oversee the implementation of this project and financial management of the project? (max 50 words)

**Project Budget**

Revenues	Description/Source	Budget (\$)	(C)onfirmed or (P)rojected	Actual Amount (final report only, if approved)
Town of Midland (Cash)				
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 _____