

The Corporation of the Town of Parry Sound

## Municipal Assistance Program Application Form

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

List of Current Executive and Contact Information:


Statement of goals, objectives, and mandate:

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Membership/Participation Information:

<b>Number of Town of Parry Sound Members</b>	
<b>Number of Seguin Township Members</b>	
<b>Number of McDougall Township Members</b>	

<b>Number of Carling Township Members</b>	
<b>Number of McKellar Township Members</b>	
<b>Number of Whitestone Township Members</b>	
<b>Number of Township of the Archipelago Members</b>	
<b>Other</b>	

Membership Fees (if applicable): \_\_\_\_\_

Registration Fees (if applicable): \_\_\_\_\_

Other Fees or Sources of Funding (if applicable):

\_\_\_\_\_

Amount of Funding Requested: \$\_\_\_\_\_

Purpose and details of request and how grant will be used to benefit the group/organization (ie: increase membership, awareness, etc.):

Is any other funding contingent upon receiving a grant from the Town?

Has your organization requested funding in the past?

Yes                  No                  Year \_\_\_\_\_ Amount Recieved \$\_\_\_\_\_

Purpose of previous grant: \_\_\_\_\_

Please list position(s) and amount of any individual(s) in your organization/group who receives salaries or honoraria:

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Insurance coverage amount (if applicable): \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Date of annual general meeting or post-project wrap-up meeting: \_\_\_\_\_

This Grant Application was authorized by a motion of the group/organization on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Authorized Signatures:

\_\_\_\_\_

President

\_\_\_\_\_

Treasurer

Please attach a copy of the group/organization's most recent financial report detailing expenditures and revenues.