



**Town of Essex  
Community Partnership Fund Grant Application Form**

**Notice to Applicants:**

The Town of Essex policy for Municipal Grants is included as part of this application package and should be read prior to completing this Community Partnership Fund Grant Application Form.

The Town of Essex reserves the right to reject any application that does not contain all required information.

Send completed applications to:  
Town of Essex  
33 Talbot Street South  
Essex, Ontario N8M1A8

**Organization Information**

Group Name:		
Contact Name:		Contact Position:
Address:	Town:	Postal Code:
Phone Number:		Fax Number:
Email Address:		
Website URL:		
Type of Organization: (Select one only)		
<input type="checkbox"/> Registered Charity	Charitable Registration Number:	
<input type="checkbox"/> Incorporated Not-for-Profit	Incorporation Number:	
<input type="checkbox"/> Other	Provide Details:	
Number of Paid Employees in Organization:		Number of Volunteers in Organization:

Please describe the organization's purpose and/or service provided within the community:



<b>Grant Request Information:</b>		
<input type="checkbox"/> Cash Grant	Amount of Cash Grant Requested:	
<input type="checkbox"/> In-Kind	Explain:	
<input type="checkbox"/> Advertising	Explain:	
<input type="checkbox"/> Waive Fees % of Waiver:	Explain:	
<input type="checkbox"/> Disaster Relief	Explain:	
Please explain the project and or service your organization is providing related to this grant funding request:		
Has your organization received a grant in a previous year(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the annual grant amount:		
Will your organization require grants in future years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for a grant from another municipality or government organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, complete the information below:</b>		
Name of Municipality/Government Organization:		
Amount Requested:		
Has your application been approved?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Benefit to the Town of Essex:</b>		
Is your organization based in the Town of Essex?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How will your organization benefit the Town of Essex as a result of a Community Partnership Fund grant?		



What is the participation by Town of Essex Residents as a percentage (new projects only)?		
Demographic Information (existing multi-year projects/organizations only): Council reserves the right to request membership lists and/or other documents as needed to verify demographic information.		
A. Number of Town of Essex residents using service/participating:		
B. Total number of persons using service/participating:		
C. Percentage benefit to Town of Essex (A ÷ B)		
<b>Financial and Other Information</b>		
<input type="checkbox"/> Please attach detailed budget for project/current year's operation.		
<input type="checkbox"/> Please attach previous year's financial statements (audited if available).		
<input type="checkbox"/> Please attach list of Board/Committee Members including names and addresses.		
<input type="checkbox"/> <b>If applying for an operating grant for a period exceeding one year</b> , please attach a business plan for a minimum period of three years.		
<input type="checkbox"/> If attaching additional information, please summarize the information included below:		
<b>Disclaimer and Signature</b>		
By inserting eSignature below or by signing my name on the line, I certify that the information I have provided above is true and correct. Please print this page for your records.		
Name of Authorizing Official #1:		Position:
Signature of Authorizing Official #1:		Date:
Name of Authorizing Official #2:		Position:
Signature of Authorizing Official #2:		Date:
<b>For incorporated organizations, authorizing signature must be provided by person(s) having the authority to bind the organization.</b>		



**Approval: Town Of Essex Council**

Council has approved the application as submitted.

Council has not approved the application as submitted. Explanation:

Date:

Authorizing Signature: