

MUNICIPALITY OF NORTHERN BRUCE PENINSULA

2018 MUNICIPAL FUNDING APPLICATION

THE APPLICANT

Applicant Name: _____

Mailing Address: _____

Contact Name: _____ Contact Phone: _____

THE PROJECT

Name: _____

Project Date: _____

Project in the area of: (please check appropriate box) (please attach a detailed project description)

Community Services Arts and Culture Social Services Environment

DETAILS

Please provide a brief description of the project/operations (attach additional pages if necessary)

Please describe how your project/operations enhance and enrich our community (attach additional pages if necessary)

Do you provide grants/bursaries to other organizations or individuals? Yes No

If yes please describe: _____

FINANCIAL

Funding Requested: \$ _____

Have you received Municipal Funding in the past? Yes No

If applicable, please describe the fundraising initiatives that will be undertaken in order to complete funding requirements:

Municipal Facility – Request to Waive Rental Fees:

Facility: _____

Rooms: _____

Dates and Times: _____

If you need more space, please attach your timetable. You are still required to book the hall through Cheri Hofstrand at accountsreceivable@northernbruce.ca.

VERIFICATION

The undersigned verifies that the information provided in this application is correct and complete.

Signature: _____ Date: _____

Phone Number: _____ Email: _____

Municipal Use Only Below

Date Received: _____

Approved amount: \$ _____

Declined

In-Kind-Contribution: _____