

City of Quinte West

Grant Application (Schedule C to Public Assistance Funding Policy)

Organization:	Amount Requested:		
Address:			
City:	Province:	Postal Code:	
Contact:			
Position:			
Telephone:		Fax:	
Email (optional)			
Contact Address (if different):			
Have you received a grant from us in past:	Y	N	If yes, when Amount _____
Are you incorporated?	Y	N	
Are you a registered charity?	Y	N	Registration #
<u>Project Overview:</u>			

<u>Objectives:</u>			
<i>Please provide a brief description of the projects objectives to be achieved in relation to this policy.</i>			

<u>Barriers:</u>			
<i>Please outline any barriers or issues that may affect the success of the project and how these will be overcome.</i>			

<u>Economic Benefits:</u>			
<i>Describe the benefits of the project to the local economy.</i>			

<u>Partnerships:</u>			
<i>Is the project being done in conjunction with another group(s)? If so, please list the other groups.</i>			

Outcomes:

What will be the outcomes/results of this funding?

How will you evaluate this project, how will you know it is successful?

Alternate Funding:

Is the project being funded from another source? If so, please indicate the group and amount.

What is the projected number of Quinte West Residents that this funding will benefit?

What is the projected number of people from outside Quinte West that will be drawn to Quinte West due to this funding?

Please attach the following

Prior Year Financial Statements

Most Recent Financial Statements

Budget for Project

You may attach testimonials should you wish, or provide a brief history or outline of your project or group, or any other such materials as you feel will assist Council in assessing your request for assistance.

Signature of Applicant