



DONATION, GRANT OR SPONSORSHIP APPLICATION

- * Applications for events must be submitted at least one month prior.
- * Applications for a continuous program service must be submitted by September 30th in the year prior.
- * All applications will be reviewed and subject to the Town's Donation, Grant and Sponsorship Policy

Date Submitted: _____

APPLICANT INFORMATION

Name of Applicant: _____

Name of Organization: _____

Contact Person: _____

Address: _____

Phone Number: _____ Email Address: _____

TYPE OF REQUEST

Monetary In Kind

If this is a monetary request, what is the amount requested? \$ _____

FINANCIAL INFORMATION

(required for monetary donation as the Town does not issue cheques)

Transit Number _____

Bank Number _____

Account Number _____

NATURE OF THE ORGANIZATION

- Registered Charity (i.e. relief of poverty, advancement of education, advancement of religion or other purpose beneficial to the community)
- Charitable or Non-profit (not registered as a charity) (i.e. social welfare, civic improvement, pleasure, recreation or any other purpose except profit)
- Community School or Church

Sports Association/Team (provide name) _____

For a team, please provide the names of residents on the team: _____

Other. Please Specify: _____

*If requesting a donation **in-kind**, what is the organization requesting? (check all that apply)*

use of municipally-owned facility. If checked, specify facility being requested: _____

use of municipal staff as support for an event (wages waived/reduced)

use of municipally-owned equipment (rental fee waived/reduced)

Please specific equipment requested: _____

use of municipally-owned materials (rental fee waived/reduced)

Please specific equipment requested: _____

Provide details regarding the request for donation, grant for sponsorship:

Describe the program, event or service and its importance to the residents of Town of LBMCOC:

Describe how a donation, grant or sponsorship from the Town will be expended:

Does the organization conduct fundraising activities? If so, list these activities.

Does the organization receive any other source of funding? If so, list sources and amounts.

ACCESS TO INFORMATION AND PROTECTION OF PRIVACY ACT, 2015

The Town of Logy Bay-Middle Cove-Outer Cove is subject to the provisions of the *Access to Information and Protection of Privacy Act, 2015*. While the Town only uses information for the purpose it was collected, the Town cannot guarantee that all information provided to the Town can be held in confidence.

APPLICANT'S DECLARATION

I declare that I have authority to make this application on behalf of the noted organization. I confirm that the information contained in this application and accompanying documents is true, accurate and complete. I agree to provide any other information that may be requested, including financial information, that is in addition to what is required as per this application. I understand that any misrepresentation or material omission on this application can result in the application being declined.

Name _____

Signature _____

Date _____

FOR OFFICE USE ONLY

Application Received:

Town Staff: _____

Date: _____

Application Reviewed:

Town Staff: _____

Date: _____

Approved by Committee/Council:

Yes

No

Details:
