

IMPORTANT INFORMATION & APPLICATION INSTRUCTIONS

1. APPLICANTS MUST COMPLETE THIS APPLICATION FORM IN ITS ENTIRETY AND INCLUDE ANY ATTACHMENTS AS REQUESTED IF AVAILABLE. IF NOT AVAILABLE, PLEASE NOTE ON THE APPLICATION.
2. ORGANIZATIONS MAY REQUEST FINANCIAL ASSISTANCE ONLY ONCE PER CALENDAR YEAR.
3. APPLICATIONS WILL BE REVIEWED FOR COMPLETENESS. APPLICANTS WILL BE ASKED TO PROVIDE ANY MISSING INFORMATION, WHICH MUST BE RECEIVED BY THE WSLF ADMINISTRATOR BEFORE THE APPLICATION IS PRESENTED TO THE BOARD OF DIRECTORS.
4. THE BOARD OF DIRECTORS WILL CONSIDER ALL APPLICATIONS BASED ON THE ELIGIBILITY GUIDELINES AND INFORMATION PROVIDED ON THE APPLICATION. THE BOARD WILL MAKE THE FINAL DECISION CONCERNING ANY SUPPORT. ALL DECISIONS ARE FINAL.
5. ALL CANDIDATES WILL BE INFORMED OF THE BOARD DECISION WHETHER SUCCESSFUL OR NOT BY EMAIL WITHIN ONE (1) MONTH OF THE INTAKE DEADLINE.
6. **DUE TO THE CURRENT COVID-19 PANDEMIC, FINANCIAL REQUESTS MUST NOT EXCEED THE MAXIMUM REQUEST OF \$2,500.**
7. **FOR THE CURRENT INTAKE PERIOD, PRIORITY WILL BE GIVEN TO GROUPS OR CLUBS REQUIRING SUPPORT AS A RESULT OF LOSSES SUFFERED DUE TO COVID-19.**
8. UPON APPROVAL OF THE GRANT BY THE BOARD OF DIRECTORS, THE TOWN OF WHITCHURCH-STOUFFVILLE WILL PRODUCE THE CHEQUES AS DIRECTED – PLEASE NOTE THE TOWN OF WHITCHURCH-STOUFFVILLE IS SOLELY THE ADMINISTRATOR OF THE BANK ACCOUNT FOR THE WHITCHURCH-STOUFFVILLE LEGACY FUND AND HAS NO JURISDICTION OVER THE DISBURSEMENT OF THE FUNDS.

ELIGIBILITY CRITERIA

TO BE ELIGIBLE FOR FUNDING, ORGANIZATIONS MUST DEMONSTRATE IMPACT IN ONE OF THESE KEY AREAS:

HEALTHY WS: PROMOTING HEALTHY ACTIVE LIVING IN WHITCHURCH-STOUFFVILLE,

CONNECTED WS: CREATING A MORE INCLUSIVE WHITCHURCH-STOUFFVILLE,

SUSTAINABLE WS: ENCOURAGING A HEALTHY AND SUSTAINABLE ENVIRONMENT IN WHITCHURCH-STOUFFVILLE,

CREATIVE WS: ENRICHING THE WHITCHURCH-STOUFFVILLE COMMUNITY THROUGH ARTS, CULTURE OR HERITAGE,

GENERATIONAL WS: SUPPORTING THE WELL BEING OF WHITCHURCH-STOUFFVILLE CHILDREN, YOUTH & SENIORS,

PROSPEROUS WS: DEMONSTRATES ECONOMIC OR OTHER BENEFIT TO THE WHITCHURCH-STOUFFVILLE COMMUNITY.

APPLICATION DEADLINE IS OCTOBER 31, 2020 4:00 PM.

THIS IS THE FINAL INTAKE DEADLINE FOR 2020.

PLEASE SUBMIT YOUR COMPLETED APPLICATIONS BY EMAIL TO GRANTS@WSLEGACYFUND.COM. HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED. WHERE THERE IS INSUFFICIENT SPACE TO ANSWER A QUESTION, PLEASE ATTACH A SEPARATE SHEET AND ATTACH IT TO YOUR APPLICATION.

SECTION A: APPLICANT INFORMATION

PROJECT/EVENT NAME: _____

PROJECT/EVENT DATE(S): _____

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

PRIMARY CONTACT: _____ PHONE: _____

EMAIL: _____

SECONDARY CONTACT: _____ PHONE: _____

EMAIL: _____

A.1 WHICH AREA OF ELIGIBILITY DOES YOUR REQUEST FALL UNDER (SELECT ALL THAT APPLY):

CONNECTED WS CREATIVE WS GENERATIONAL WS HEALTHY WS PROSPEROUS WS SUSTAINABLE WS

SECTION B: ORGANIZATION INFORMATION

B.1 MANDATE/MISSION STATEMENT

B.2 ORGANIZATION TYPE (SELECT ALL THAT APPLY)

INCORPORATED NOT-FOR-PROFIT NOT-FOR-PROFIT COLLECTIVE REGISTERED CHARITY

OTHER: _____

DATE FORMED (IF APPLICABLE): _____ DATE INCORPORATED (IF APPLICABLE): _____

B.3 APPROXIMATELY HOW MANY PEOPLE WILL BE IMPACTED BY THIS PROJECT/EVENT?: _____

B.4 WHAT % OF MEMBERSHIP/REGISTRANTS ARE TOWN OF WS RESIDENTS: _____

B.5 PLEASE ATTACH A LIST OF CURRENT BOARD OF DIRECTORS INCLUDING NAME, TITLE, ADDRESS, PHONE AND EMAIL

SECTION C: PROJECT/EVENT INFORMATION

C.1 CLEARLY DESCRIBE YOUR PROJECT/EVENT AND HOW THE GRANT DOLLARS WILL BE SPENT. SUCCESSFUL APPLICANTS MAY BE REQUIRED TO SUPPLY EVIDENCE THAT THE FUNDS WERE SPENT AS DESCRIBED:

C.2 WHAT ARE THE EXPECTED RESULTS OF THE PROJECT/EVENT AND HOW WILL THEY BENEFIT THE COMMUNITY OF WHITCHURCH-STOUFFVILLE OR ITS RESIDENTS:

SECTION D: FUNDING/FUNDRAISING

D.1 FINANCIAL REQUEST* \$ _____

*DUE TO THE CURRENT COVID-19 PANDEMIC, LIMITED FUNDS ARE AVAILABLE FOR DISTRIBUTION THEREFORE THE MAXIMUM FINANCIAL REQUEST IS \$2,500.

D.2 FOR THIS EVENT/PROJECT, HAS FUNDING BEEN REQUESTED OR RECEIVED FROM OTHER SOURCES, INCLUDING GRANTING AGENCIES, CORPORATION, CHARITIES OR OTHER LEVELS OF GOVERNMENT?

YES NO

IF YES, PLEASE INDICATE HOW MUCH AND FROM WHAT SOURCES:

D.3 BRIEFLY DESCRIBE ANY OF YOUR ORGANIZATION’S PLANNED FUNDRAISING ACTIVITIES FOR THIS YEAR, PLEASE HIGHLIGHT THOSE WHICH ARE SPECIFIC TO THE PROPOSED EVENT/PROJECT (USE A SEPARATE SHEET IF NECESSARY)

D.4 INDICATE HOW THE REQUESTED FUNDS WILL BE SPENT. INCLUDE ITEMIZED COST ESTIMATES FOR EACH ASPECT OF THE EVENT/PROJECT THAT THE FUNDING WILL SUPPORT (E.G. PROGRAM SUPPLIES, ADVERTISING, RENTALS)

ITEM	COST (\$)

SECTION E: FINANCIAL INFORMATION

E.1 DOES YOUR ORGANIZATION HAVE FORMALLY PREPARED FINANCIAL STATEMENTS?

YES NO

IF YES, THE MOST RECENT STATEMENTS MUST BE ATTACHED TO THIS APPLICATION. IF NO, PLEASE INCLUDE SOME RECORD OF CURRENT FINANCIAL STATUS DETAILING ANNUAL REVENUES & EXPENSES.

SECTION F: DECLARATION

- I have read and agree to all the regulations, terms and conditions of funding as outlined in the application form and Grant Guidelines document.
- To the best of my knowledge, the information provided herein is true.
- I acknowledge that all decisions of the Board of Directors are final.
- Changes in scale, activities and time of the project/event for which the grant was awarded must be reported to the Board of Directors in a prompt manner.
- Should the project/event be cancelled, I the applicant will return the funding to the Town of WS within 30 days of the cancellation.
- I will maintain adequate records as to receipts and the disbursements of funds received.
- Upon completion, I will report back to the Board of Directors on the success of the project/event. Reporting must be done within 90 days of the completion of the project/event or I risk not receiving future funds from the WSLF.

Signature: _____

Name: _____

Title / Position: _____

Date: _____