



The Corporation of the Town of Parry Sound

Municipal Assistance Program Application Form

Name of Organization: _____

Address: _____

Telephone Number: _____ Email: _____

Contact Person: _____

List of Current Executive and Contact Information:

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Statement of goals, objectives, and mandate:

Membership/Participation Information

Number of Town of Parry Sound Members: _____

Number of Seguin Township Members: _____

Number of McDougall Township Members: _____

Number of Carling Township Members: _____

Number of McKellar Township Members: _____

Number of Whitestone Township Members: _____

Number of Township of Archipelago Members: _____

Other: _____

Membership Fees (if applicable): _____

Registration Fees (if applicable): _____

Other Fees or Sources of Funding (if applicable):

Amount of Funding Requested: \$ _____

Purpose and details of request and how grant will be used to benefit the group/organization (ie: increase membership, awareness, etc.):

Is any other funding contingent upon receiving a grant from the Town?

Has your organization requested funding in the past?

Yes No Year _____ Amount Recieved \$ _____

Purpose of previous grant: _____

Please list position(s) and amount of any individual(s) in your organization/group who receives salaries or honoraria:

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Insurance coverage amount (if applicable): _____

Name of Insurer: _____

Date of annual general meeting or post-project wrap-up meeting: _____

This Grant Application was authorized by a motion of the group/organization on the _____ day of _____, 20__.

Authorized Signatures:

President

Treasurer

Please attach a copy of the group/organization's most recent financial report detailing expenditures and revenues.