



**Jim Wright Memorial Recreation Funding Program  
Application Form**

Date Received \_\_\_\_\_

**Applicant Information**

Organization Name	
Organization Address	
Postal Code	
Contact Person	
Position within Group	
Contact Phone #	
Contact e-mail	
Type of Organization	<input type="checkbox"/> Not for Profit _____ <input type="checkbox"/> Charitable Organization Registration # _____ <input type="checkbox"/> Other (please specify) _____

**A. Grant Request Information**

1. Is your group or organization based in Grimsby, serving primarily Grimsby Residents?

2. How many years has your group or organization been in operation? \_\_\_\_\_

3. Type of Donation Requested: Financial Assistance: \$ \_\_\_\_\_ or

In-kind Service request (includes fee waivers):

4. Purpose or principal objective of your group or organization (Please describe the goal or mission of the organization.)

5. Reason for requesting grant or donation (Please indicate how funds will be used.)

6. Please describe in detail how funding your group or organization will benefit Grimsby residents.

7. Has your group or organization made a grant request to Town of Grimsby Council or Committee's in the past? If so, when and how much was received? If so give details of year requested, amount requested and amount received.

8. Has your organization requested funding assistance in the last 12 months from, or does it plan to make an application to, other organizations (e.g. federal, provincial or other municipal governments, private corporations, etc.)? If so give history of who requested from, year requested, amount requested and amount received.

9. Does your group or organization provide a service for which a charge is made? If yes, please provide details.

10. Have you attached your statement of revenues and expenditures? If not, why?

11. Is there any other information that we should be made aware of?

**C. Payment**

If your application is successful, please indicate the following:

Payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

## D. Signatures

Please have two signing officers of your organization complete the following.

- *We have reviewed the Jim Wright Memorial Recreation Funding Program Policy and are aware of the timelines & process required for the decision making of the Recreation, Facilities and Culture Committee.*
- *We certify, to the best of our knowledge, that this information provided in this grant application is accurate and complete, that it is endorsed by the group that we represent, and that we have read the policy and provisions and agree to all terms and conditions therein.*
- *The applicant acknowledges that the funding request pertains to the current year only, and any future requests require re-application.*

_____ Signature 1	_____ Title	_____ Date
_____ (Print Name)		
_____ Signature 2	_____ Title	_____ Date
_____ (Print Name)		

## E. Contact Information

Please forward a hardcopy of your application with attached documentation to:

**By Email to:** recreation@grimsby.ca

**Or Mail to:**

Town of Grimsby  
Recreation, Facilities and Culture Dept.  
Attn: Sarah Sweeney, Director of Recreation  
162 Livingston Ave.  
P.O. Box 159  
Grimsby, ON  
L3M 4G3

Phone: 905-945-1288