

## The Corporation of the Township of Huron-Kinloss

P.O. Box 130 21 Queen Street Ripley, Ontario NOG 2R0 PHONE (519) 395-3735 FAX: (519) 395-4107

e-mail: mbartlett@huronkinloss.com

## **Community Well-Being Program Application Form**

Please complete this form, enclose all required information and return to:

Township of Huron-Kinloss

21 Queen St. Po Box 130

Ripley, ON

N0G 2R0

Or email to mbartlett@huronkinloss.com

1.	Name of Organization:							
2.	Mailing Address:							
3.	Phone Number:							
4.	Contact Name:							
5.	Names of Executive Members (if applicable):							
	a							
	b							
	C							
	d							
	e							
	f							
	g							
	h							
6.	Project Name:							
7	Funding Stream: (please choose only one)							
٠.	☐ Arts, Culture & Heritage							
	☐ Sports & Recreation							
	☐ Social & Health							
	□ Environmental							
	□ Other							
8.	Provide a list of other funding sources including any in-kind contributions and							
	partnerships.							

				,			ax. 500 word	
uccess	ful, what	part of the	project wi	II the Tow	nship fund	s be used	for: Max.	
0 words	S							

vords.						
ow does	your project al	lign with the c	chosen fundi	ng stream?	Max. 250 wo	rds

	How does your project align with the Township's Strategic Plan? Max. 250 words
14.	How will your project be sustainable in the future: Max. 250 words.

15. In your best estimation, how many Huron-Kinloss residents will your project benefit?						
16. Amount Requested:						
17. Project Start and End Dates:						
18. Have you received all the necessary permits or approvals for this project?						
19. If successful, who will cheque be made payable to?						
Enclose the following information:						
Project budget						
<ul> <li>Previous year project budget if applicable</li> </ul>						
Information to be Provided if Funding is Approved:						
<ul> <li>Proof of payment for approved project expenses</li> </ul>						
<ul> <li>Final report completed in full (template provided)</li> </ul>						
Attach any additional information which you feel may assist in evaluating your application (please limit volume of information).						
I have read the eligibility criteria and confirm that the organization will comply with all requirements. I confirm I have the authority to sign this application on behalf of the organization. I confirm that all the information in this application and the attached documentation is true.						
Personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of reviewing the application. Questions about the collection of the personal information may be addressed to the Clerk of the Township of Huron-Kinloss, 21 Queen Street, Ripley ON, NOG 2R0 Phone: (519) 395-3735.						
Signature:						
Print Name						
Applicant Signature						

Date