

Schedule D

The Township of Lanark Highlands In-Kind Support Application

Please ensure you have read the Municipal Grants Policy before completing the form.

Name of Organization/Agency: _____

Contact Person/Title: _____

Phone Number: _____ E-Mail: _____

Type of Organization? Registered Charity ☐ Non-Profit ☐

Other: _____

Purpose of the Organization: _____

Name of Event/Program: _____

Date(s) of Event: _____

Is the event and/or services open to all members of Lanark Highlands: _____

If not, please explain:

Are there other sources of funding: yes ☐ no ☐

If yes, please list

In-Kind Support Requested

Free or reduced cost for use of Township Facility

Facility: _____

Area: _____

Use of Outdoor Property

Facility: _____

Area: _____

Tables (# required): _____

Chair (# required): _____

Staff Support (reason and # of hours): _____

Other relevant information to support staff decision:

SIGNING AUTHORITY

I declare that the information provided in this application for an in-kind contribution is accurate to the best of my knowledge and that I am authorized to submit the application on behalf of the organization.

NAME (please print):

SIGNATURE

DATE

Personal information is being collected on this form under the authority of the Municipal Act and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Please note, that personal information collected will form part of the public record and is public information subject to the MFIPPA regulations and may be published as part of the corporate agendas and/or public consultation processes.