

Schedule B

The Township of Lanark Highlands Municipal Grant Application

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

YOU MUST COMPLETE THE APPLICATION FORM, INCOME STATEMENTS, BALANCE SHEETS AND ATTESTATION IN FULL.

PART A: Municipal Grant Request – Summary

Name of Organization/Agency:___

Contact Person/Title:_____

Phone Number:_____

E-Mail:_____

Mailing Address:_____

Non-Profit Organization? Yes: ☐ No: ☐

Registered Charity? Yes: ☐ No: ☐

If yes, indicate the Charitable Registration Number:_____

Name of Event/Program:_____

Amount Requested: \$_____

Prior Year Request: \$_____

Prior Year Grant: \$_____

Schedule B

PART B: Municipal Grant Request – INFORMATION

1) Please briefly describe the organization's programs and services.

2) Please provide a statement of the organization's goals and objectives:

Schedule B

3) If Council approves the organization's Municipal Grant Request, what will the funding be used for? Please provide a detailed cost breakdown analysis.

4) Please provide a description of how the organization intends to measure the success of the program or service:

Schedule B

5) Will you be working jointly with other partners/stakeholders?

6) Does the municipality provide any other support, assistance or in-kind services to your organization?

Schedule B

7) How will the organization decrease the reliance on municipal funding?

8) Please identify how the Municipality's financial support will be acknowledged. If possible, provide examples.

Schedule B

9) Additional Information (Optional):

Schedule B

PART C: Municipal Grant Request – ATTESTATION

PLEASE PRINT THIS PAGE AND PROVIDE AUTHORIZING SIGNATURE. THIS FORM CAN BE PROVIDED TO THE TOWNSHIP AS A PDF OR HARDCOPY.

Name of Organization/Agency: _____

Contact Person/Title: _____

Phone Number: _____

E-Mail: _____

Mailing Address: _____

Having requested financial assistance from the Township, the Organization agrees to the following conditions if a grant in any amount is awarded:

- A) The Organization confirms that the representations contained in the application for financial assistance are true and correct in every respect and that in the event that the funds are not used for the project or programs as described in the application, or if there are misrepresentations in the application, the full amount of the financial assistance will be payable to the Township.
- B) If there are any changes in the funding of the project from that contemplated in the application, the Township will be notified prior to making any amendments to the project description or planned activities.
- C) That the Organization will make or continue to make attempts to secure funding from other sources as indicated in its application.
- D) That the Organization will keep proper books of accounts of all receipts and expenditures related to the program, services or project.
- E) That the organization will retain and make available for inspection by the Township or its auditors all records and books of accounts of the Organization upon request from the Township which may be made within 2 years of the grant award.

Schedule B

- F) That if the programs or services proposed in the Organization's application are not commenced, or are not completed and there remain Township funds on hand, or are completed without requiring the full use of the Township funds, those funds shall be returned to the Township.
- G) That the program or services not be represented as a Township program or service, and that the Organization does not have the authority to represent itself as an agency of the Township in any way, the only relationship being that the Township has approved the granted financial assistance to the Organization.
- H) That should the Organization receive grant funding and subsequently disband, the Organization must dispose of their assets in a responsible manner that meets the approval of the Township.

SIGNING AUTHORITY

We certify that to our knowledge, the information provided in this application for a Municipal Grant is accurate and completed, and endorsed by the organization which we represent.

NAME (please print):

SIGNATURE

DATE

Authorized Signing Officer #1

Authorized Signing Officer #2

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. Questions about the collection of personal information may be directed to the Clerk at (613) 259-2398 or lhclerk@lanarkhighlands.ca

Schedule B

PART D: Municipal Grant Request – FINANCIALS

- 1) Submission of the Organizations Statement of Operations is required, along with a balance sheet or statement of financial position.
- 2) If the organization is new, or the initiative is new, please submit along with the application a financial plan or budget for the initiative projecting the financial position to year end or the end of the initiative whichever comes latest.
 - If the initiative is a multi-year event, provide a multi-year budget/projection.

All financial statements shall include as a minimum;

- All Revenues
- All Expenses
- Any Assets
- Any Liabilities

*The statements must balance in all cases.

Schedule C

Municipal Grants Application – Evaluation Matrix

General Eligibility

Each application must be evaluated upon receipt for eligibility and completeness prior to scoring. The following criteria must be met to be deemed a complete application and reviewed by the Municipal Grants Committee:

- ☐ The organization requested a grant amount of \$500 or more.
- ☐ The organization has demonstrated a need for financial assistance.
- ☐ The organization is a non-profit volunteer community organization or a registered charity.
- ☐ The organization provided financial statements indicating revenue, expenses, as well as assets and liabilities (if applicable).
- ☐ The organization and activities/functions are within Municipal boundaries.
- ☐ The organization has not submitted more than one application for the current funding window.
- ☐ The organization has provided details about its structure, programs, and services.
- ☐ The applicant has fulfilled the reporting requirement (applicable only to those applicants who have previously received a Lanark Highlands Municipal Grant).
- ☐ The application was received on time.
- ☐ The application does not request funding for:
 - Covering deficits or retiring debts
 - Replacing existing program funding
 - Establishing endowment funds
 - Sectarian, religious, or political purposes
 - Fundraising activities
 - Recurring operating expenses of established organizations or programs
 - Projects or events that have already been completed
 - Programs that duplicate existing services

General Information	
Name of Organization:	
Type of Grant:	☐ Project Grant ☐ Program Grant
Name of Project:	
Funding Amount Requested: \$	Total Project Budget: \$

Matrix for Application Evaluation						
Criteria		0	1	2	3	Score
Merit of Funding	Demonstrates how funding request provides a social, economic, or environmental benefit to Lanark Highlands, its Citizens or taxpayers and/or supports the Township's strategic priorities	Does not demonstrate benefits the Township or support priorities	Little evidence of how this project will enhance or impact the community	Some evidence of significant impact	Very evident how this project will enhance the community	
	Aligns with Council's goals and objectives	Does not meet	Minimal alignment	Similar alignment	In true alignment	
	Community need/demand for proposed activity or service exists	Does not speak to community need	Not well defined and is not supported	Generally defined and supported with some data	Clearly defined and supported with substantial data	
	Does not duplicate successful efforts that already exist in the community	Provided by multiple entities	Provided by some entities	Provided by limited entities	Not currently provided	
	Community support exists through collaboration or partnerships with other organizations	Has never partnered with other groups	Has worked with one other partner	Has demonstrated partnerships and resource sharing	Extensively works with other groups to share resources	
	Benefits a wide audience	Does not directly/specifically support any group	Serves a very small number/sector of the population (less than ¼)	Serves a limited number/sector of the population (less than ½)	Impacts and includes broad-based population (more than ½)	
Applicant Profile Supports Community Service	Likelihood of success (has the ability and capacity to complete the activity or service)	Insufficient information about project activities, budget or personnel to gauge success	Project unlikely to be achieved with stated activities, budget or personnel	Some gaps in project activities, personnel or budget but project likely achievable	Personnel, project activities and budget consistent with successful project	
	Experience of the applicant in delivering similar program/service/event/activity	No previous experience	Limited previous experience (1 yr)	Some previous experience (2-4 yrs)	Extensive previous experience (5 yrs+)	
	Ability of applicant to leverage other funding support, including matching funding from other levels of government	Relying solely on Township funding	Pending financial support	Confirmed support from at least one other source	Confirmed support from multiple sources	
	Mission of the applicant and volunteer support	Not included	Poorly stated	Included but not strong or specific – no data provided	Clear and specific – data provided	
Financial Plan and Need	Sound financial management and revenue generation (accurate records, realistic and responsible budget, various sources of income)	No budget attached	Covers basic expenses and revenues	Balanced and realistic	Viable and sustainable plan	
	Financial need (leveraging of funds, seed money, inability to fund on their own through own resources or alternative revenue generation)	Unable to fund project without community grant funding	Limited own resources or alternative revenue	Own resources and some alternative revenue generation	Leveraging of matching funds (government)	

			generation		or private)	
	Clarity on how the contribution will be used (provided a detailed cost breakdown analysis)	None specified	Somewhat defined	Mostly defined	Clear objectives, targets and outcomes	
	Total Score (out of 39)					
	Funding Recommendation					\$