

THE CORPORATION OF THE TOWNSHIP OF NORWICH 2024 Community Grant Application Form

Please give as much information below so your application can be properly assessed.

In the event that more space is required in replying to a question, please use additional paper and attach to the application.

A. Organization Name and Mailing address: (include	de full municipal addre	ess)
Contact Name:	Position:	
Telephone: (519) Email: _		
B. Amount of Grant Being Requested \$	·····	
C. Purpose of Grant:		
D. If requesting an operating grant, what is the Tov	wnship's contribution	as a percentage
	<u>\$</u>	<u>%</u>
Operating Budget (less grant being requested)	\$	
Township's Contribution (<i>grant being requested</i>)	\$	
Total Operating Budget	\$	100%



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Provide a brief history of your organization.
2. What are the general objectives and/or services of your organization?
3. Is there a local organization that provides similar services to those stated above? If yes, how are your services different from this other organization?
Do volunteers participate in your program? Yes No If yes, please tell us the number and type of involvement.
5. Is your organization local in nature, or is it a branch or segment of a provincial or national organization?
6. What are the ramifications of the Township denying a grant to your organization?



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7. What are your estimated of	grant requests from the	Township of Norwich for the next 3 years?
2025: \$	2026: \$	2027: \$
To grant assistance in any commitment to future funding	=	veral years, is not to be interpreted as a
8. List the Executive Officers	s of your organization:	
<u>Name</u>	<u>Title</u>	Contact Phone #
9. Please submit the most application.	recent set of financial	statements for your organization with your
commitment to the payment	of any grant prior to fin grant calendar year ou	hat the Township of Norwich makes no al Township Council approval. I also agree Itlining the success of the organization and
Name / Title	Signature	Telephone Number

Thank you for completing this application form. If there is additional information, which you would like to include with this application, please do so.