



**Town of Smiths Falls
Community Grants / Festivals & Events Application Form**

Name of Organization			
Mailing Address			
Phone #		Fax #	
Key Contact Person & Title		Phone #	
Email Address		Cell #	
Registered Not for Profit?		Yes	No
Is this organization or it's governing body incorporated?		Yes	No
Incorporation #		Jurisdiction of Incorporation	
Years in Existence		Date of Last Annual Meeting	
Number of Active Members or Volunteers		Financial Documents included in application? (Yes/No)	
Description of Request	<p>Please choose: Festival Event Community Support In Kind Support</p> <p>Brief Description of Request:</p>		
Amount Requested			
Other Sources of Funding			



Organization Information

Organization or Group's Key Objectives:

Overview of Service, Program or Event for which funding is being requested:

Previous Funding Received from The Town of Smiths Falls:

Year: _____	Amount: _____	Purpose: _____
Year: _____	Amount: _____	Purpose: _____
Year: _____	Amount: _____	Purpose: _____

Details of Funding Request

Amount Requested: _____

How will the funding be used?

Project or Event timelines:



Town of Smiths Falls Strategic Plan Alignment:

The Town of Smiths Falls is a caring community that provides citizens with a superior quality of life through effective and innovative services. Grants must align with the Strategic Plan for The Town of Smiths Falls. The full Strategic Plan can be found at www.smithsfalls.ca

Please select which Strategic Priority your Program / Event aligns with.

- Service sustainability
- Financial sustainability
- A strong community identity
- Growth and expansion
- Waterfront development
- Tourism
- Placemaking

Please explain:

Describe the Target Population that will benefit from your Program / Event:

Age Range: <ul style="list-style-type: none"> <input type="checkbox"/> Children Ages 1-12 <input type="checkbox"/> Youth Ages 13 – 18 <input type="checkbox"/> Adults Ages 19 – 64 <input type="checkbox"/> Seniors Ages 65 + 	# of Participants benefitting from this project: <ul style="list-style-type: none"> <input type="checkbox"/> 1 – 50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> 100 – 499 <input type="checkbox"/> 500 – 1000 <input type="checkbox"/> 1000+
--	---

Other community benefits:



Are there other similar projects / programs / events / festivals operating in Smiths Falls? If so, how will this be different?

Key Partners and Supporters: (please state any in-kind support requested from the Town of Smiths Falls)

Name of Individual or Organization	Type of Support (In kind, financial, volunteer, other)

Is your Program / Service / Event / Festival a one-time event or an annual effort? How will this effort be sustainably in future years?

Key Outcomes of Project

How will you know your Program / Service / Event / Festival was a success?

How will you evaluate its success?



Do you have additional information to share?

Authorization:

I declare that I am authorized to sign this funding request on behalf of

(Name of organization submitting request)

Name: _____

Position: _____

Phone: _____

Signature: _____

Date: _____

Required Documents to Attach to Application

- Most recent financial statements
- Financial statement from previous year or event
- Budget for program, service, event or festival
- Proof of incorporation if applicable
- NOTE: Proof of insurance may be required if funding is approved

Application Deadline November 30th @ 4:30 p.m.

Nadine Bennett, Deputy Clerk

nbennett@smithsfalls.ca



 SMITHS FALLS	Town of Smiths Falls 77 Beckwith Street North PO Box 695 Smiths Falls ON K7A 2B8 613.283.4124 www.smithsfalls.ca	<h2 style="margin: 0;">Municipal Grant Reporting Form</h2>
---	---	--

This form must be completed within three (3) months of the completion of the event/service OR at the end of the calendar year. Any organization that does not complete and return this form will not be considered for funding in subsequent years.

Name of Organization		Phone #
Mailing Address		Fax #
Town	Postal Code ■	Website

Briefly describe the project/program/event for which the organization is reporting on:

Provide amount of grant funding provided for the organization/event received from the Town of Smiths Falls:

Key Outcomes outlined in application:



Describe how the greater community benefitted include both the short and long term positive outcomes to Was the project/program/event a success? How is this success measured? If not a success, describe why not.

How many people participated in or attended the project/program/event?

What was the age and regional breakdown of attendees?

Date of project/program/event:

Location of project/program/event:

List and **provide samples** of promotional material produced for the organization/event if applicable. Attach copies where available.

Provide final financial accounting of the event: (attach financial summary)

Provide any other relevant information:



Declaration

We, the undersigned, declare that we have been authorized to file this report and that to the best of our knowledge, all answers provided in the report, as well as all the information contained in the document and materials attached to it, are true and complete.

	Signature	
	Print Name	
	Title	
	Date	
	Phone #	
	Email	