

## TOWN OF SMITHS FALLS FESTIVALS AND EVENTS POLICY APPLICATION

<b>NAME OF ORGANIZATION</b>			
<b>ADDRESS</b>			
<b>PHONE #</b>	(    )	<b>FAX #</b>	(    )
<b>CONTACT PERSON AND TITLE</b>		<b>PHONE#</b>	(    )
<b>EMAIL ADDRESS</b>		<b>CELL#</b>	(    )
<b>IS YOUR ORGANIZATION INCORPORATED AS A NON-PROFIT ORGANIZATION?</b>		<b>YES</b>	<b>NO</b>
<b>INCORPORATION NO.</b>		<b>JURISDICTION OF INCORPORATION</b>	
<b>YEARS IN EXISTENCE</b>		<b>DATE OF LAST ANNUAL MEETING</b>	
<b>NUMBER OF ACTIVE MEMBERS</b>		<b>ALL FINANCIAL DOCUMENTS INCLUDED WITH APPLICATION Y/N?</b>	
<b>LOCATION OF EVENT IF APPLICABLE</b>			

**ORGANIZATION INFORMATION:**

**WHAT ARE THE ORGANIZATION'S OBJECTIVES?**

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**DESCRIBE THE SERVICES THE ORGANIZATION PROVIDES:**

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**PREVIOUS FUNDING:**

**LIST PREVIOUS FUNDING RECEIVED AND PURPOSE OF FUNDING:**

YEAR: _____	AMOUNT: _____	PURPOSE: _____
YEAR: _____	AMOUNT: _____	PURPOSE: _____
YEAR: _____	AMOUNT: _____	PURPOSE: _____

**GRANT REQUEST:**

AMOUNT OF REQUEST IN CURRENT YEAR \$ \_\_\_\_\_

**DESCRIBE HOW THE GRANTED FUNDS WILL BE USED?**

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**DESCRIBE THE PERTINANT GOALS AND TIMELINES:**

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**DESCRIBE THE TARGETED POPULATION (AGE, SEX, ETC.)**

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**ARE THERE CURRENTLY SIMILAR PROJECT/PROGRAM/EVENTS BEING OFFERED IN THE COMMUNITY? Y/N: \_\_\_\_\_ IF SO, HOW WILL THIS PROJECT/PROGRAM/EVENT COMPLEMENT, ENHANCE, OR DIFFER FROM OTHERS IN THE COMMUNITY:**

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**WHAT OTHER BUSINESSES OR ORGANIZATIONS ARE INVOLVED IN THIS PROJECT/PROGRAM/EVENT? PLEASE DESCRIBE THEIR ROLES AND CONTRIBUTIONS:**

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**DESCRIBE THE ORGANIZATON'S PLANS TOWARDS FUTURE SUSTAINABILITY:**

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**GRANT OUTCOMES:**

**HOW MANY PEOPLE WILL DIRECTLY BENEFIT FROM THIS GRANT REQUEST:\_\_\_\_\_**

**AGE CATEGORIES THAT WILL BENEFIT FROM THIS REQUEST:**

CHILDREN (1-12 YEARS); \_\_\_\_\_  
YOUTH (13-17 YEARS): \_\_\_\_\_  
ADULTS (18-64 YEARS): \_\_\_\_\_  
SENIORS (65+ YEARS): \_\_\_\_\_

**DESCRIBE THE ANTICIPATED OUTCOMES BOTH SHORT AND LONG TERM:**

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**DESCRIBE HOW THE ORGANIZATION WILL EVALUATE THE BENEFITS OF THIS PROJECT/PROGRAM/EVENT TO THE ORGANIZATION AND THE COMMUNITY AND WHAT THE SPECIFIC PERFORMANCE MEASURES WILL BE:**

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**OTHER ADDITIONAL INFORMATION PERTINENT TO YOUR APPLICATION**

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\_\_\_\_\_  
SIGNATURE OF PERSON SIGNING APPLICATION

\_\_\_\_\_  
DATE

**PLEASE BE SURE TO INCLUDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION IN ORDER TO HAVE YOUR GRANT APPLICATION CONSIDERED:**

- a. Financial statements from the previous event or fiscal year
- b. The most up to date available month end financial statements
- c. A budget for the upcoming fiscal year or event
- d. Attach information pertaining to evaluation criteria

**APPLICATION DEADLINE:            MAY 15**

 <p><i>Sensational!</i> <b>SMITHS FALLS</b> <i>Heart of the Rideau Canal</i></p>	<p>Town of Smiths Falls 77 Beckwith Street North PO Box 695 Smiths Falls ON K7A 2B8 613.283.4124 <a href="http://www.smithsfalls.ca">www.smithsfalls.ca</a></p>	<h2 style="margin: 0;">FESTIVALS AND EVENTS GRANT REPORT FORM</h2>
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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		TELEPHONE #
STREET ADDRESS		FAX#
CITY	POSTAL CODE	WEBSITE

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

Describe how anticipated goals and objectives were met including performance measurements:

How many people participated in or attended the project/program/event? How many paid attendees? What was the age and regional breakdown of attendees?

Date of program/event

Location of project/program/event

Describe how the greater community benefitted include both the short and long term positive outcomes to the Municipality (outcomes should be communicated in a public way i.e. media and social media):

Was the project/program/event a success? How is this success measured? If not a success, describe why not

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	

**PLEASE ATTACH COPIES OF ANY MARKETING / ADVERTISING / PROMOTIONAL MATERIALS ACKNOWLEDGING THE SUPPORT OF THE MUNICIPALITY FOR THE EVENT, SERVICE, ACTIVITY FOR WHICH FUNDING WAS RECEIVED FROM THE MUNICIPALITY**