

**APPENDIX A
CORPORATION OF THE TOWN OF KINGSVILLE**



2021 Division Road North
Kingsville, ON N9Y 2Y9
Phone: 519-733-2305

**Kingsville Community Grant Fund
Application for Grant Funding**

NOTICE TO APPLICANTS -

The Town of Kingsville policy for Municipal Grants is included as part of this application package and should be read prior to completing an Application for Grant Funding under the Kingsville Community Grant Fund. Applications will be scored in accordance with the evaluation matrix (APPENDIX B to the Policy). Send completed applications to the attention of the Director of Financial Services at the Town of Kingsville, 2021 Division Road N, Kingsville, N9Y 2Y9 or by email to KingsvilleWorks@kingsville.ca The Deadline for submission is October 31 each year.

GENERAL INFORMATION (must be completed by all applicants)

Name of Organization/Group/Project:

Street Address/PO Box

City/Province Postal Code

Contact Person:

Name & Position

Telephone Number:

Fax Number:

Email Address:

INFORMATION ABOUT YOUR ORGANIZATION (must be completed by all applicants)

Type of Organization: (select one)

Registered Charity

Regist. # : _____

Incorporated Not-for-profit

Incorp. # : _____

Other (provide details below)

Other: (please specify)

No. of Volunteers in Organization:

No. of Paid Employees in Organization:

TYPE OF GRANT & GENERAL GRANT INFORMATION (please select only one)

Cash Grant

Amount: _____

In-Kind (provide detail below)

Waive Fees (provide % and details below)

Advertising (provide detail below)

Disaster Relief (provide details below)

TYPE OF GRANT & GENERAL GRANT INFORMATION (continued from previous page)

Description of Project/Service Provided by Organization: _____

Has your organization received a grant in previous year(s)? Yes
 No

If yes, please specify amount of grant per year: _____

Will your organization require grants in future years? Yes
 No

PROJECT/ORGANIZATION DETAILS (must be completed by all applicants)

Briefly explain the service(s) or project to be provided by your organization: _____

BENEFIT TO THE TOWN OF KINGSVILLE (must be completed by all applicants)

Is your organization based in the Town of Kingsville? Yes
 No

How will your organization benefit the Town of Kingsville? _____

What is the anticipated % participation by the Town of Kingsville residents?

Demographic Information (existing multi-yr projects/organizations only):

No. of Town of Kingsville residents using the service/participating	<input type="text"/>	(a)
Total Number of persons using service/participating	<input type="text"/>	(b)
% Benefit to the Town of Kingsville	<input type="text"/>	(a) / (b)

Council reserves the right to request membership lists, etc. to support demographic information provided above.

GRANTS FROM OTHER MUNICIPALITIES (must be completed by all applicants)

Have you applied for a grant from another municipality? Yes
 No

If you answered yes, please provide details (municipality name, amount requested and whether application has been approved).

FINANCIAL & OTHER INFORMATION (must be completed by all applicants)

	Information Attached ?		
Detailed Budget for project/current year's operation	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Additional financial information	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Please list additional information provided below:

A business plan is required for organizations that have applied or intend to apply for an operating grant for more than one year.

DISCLAIMER & SIGNATURE (must be completed by all applicants)

I/We certify that the information contained in this application is true and complete to the best of my/our knowledge.

Authorized Signature(s):*

Signature
Name (please print)
Position
Signature
Name (please print)
Position

***Incorporated organizations - Signature(s) must be provided by person(s) having the authority to bind the organization.**

FOR MUNICIPAL USE ONLY

Date Application Received: _____

Applicable Budget Year: _____

**APPENDIX B
CORPORATION OF THE TOWN OF KINGSVILLE**



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Kingsville, ON N9Y 2Y9
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**Kingsville Community Grant Fund
Evaluation Matrix**

The purpose of the evaluation matrix is to objectively measure requests for funding against the eligibility criteria set out in the attached policy.

This evaluation matrix may be amended from time to time by resolution of Council.

One point will be awarded for each successful factor. Sections will be totaled and multiplied by the stated weighting factor. The grand total of all weighted sections determines the application's overall score.

Evaluation Factors:

Section 2.0 Eligibility Criteria

Submitted complete application.		<input type="checkbox"/>	
Submitted application by deadline.		<input type="checkbox"/>	
Applicant is a registered charity/ not-for-profit or volunteer group.		<input type="checkbox"/>	
Applicant represents a charity or group that has no paid employees.		<input type="checkbox"/>	
	Subtotal	<input type="text" value="0"/>	
	Weighting Factor	<input type="text" value="1"/>	
	Section Total		<input type="text" value="0"/>

Section 3.0 Funding Categories

Request matches funding category (select all that apply)

Social & Community Services	<input type="checkbox"/>
Seniors or Youth	<input type="checkbox"/>
Historical & Cultural Events or Organizations	<input type="checkbox"/>
Fundraisers for Municipal Projects	<input type="checkbox"/>
Community Beautification & Protection/Preservation of Environment	<input type="checkbox"/>
Disaster Relief	<input type="checkbox"/>
Purchase of Advertising in Event Program Booklets	<input type="checkbox"/>
	Subtotal
	Weighting Factor
	<input type="text" value="0"/>
	<input type="text" value="1"/>

Section Total 0

Section 3.2 Types of Funding

Request is for only one type of funding*

*In the event an application includes more than one funding type request the type of lowest value will be deemed the type applied for.

Request is for in kind services only.

Subtotal 0
Weighting Factor 1
Section Total 0

Section 6.1 Sustainability

Applicant is actively pursuing other sources of financing.

Application is not for more than 25% of operating costs.

Applicant has not made previous applications for funding/support.

Application is not for multiple year funding.

If application is for multiple years, a multi year business plan has been provided.

Subtotal 0
Weighting Factor 2
Section Total 0

Section 6.2 Benefit to Residents of Kingsville

Application will benefit what percentage of total Kingsville population:

	Weighting Factor	
0% to 25%	1	0
26% to 50%	2	0
51% to 75%	3	0
76% to 100%	4	0

0

APPLICATION GRAND TOTAL (max score 25) 0