

THE CORPORATION OF THE TOWN OF PETROLIA

411 Greenfield Street, Petrolia, Ontario N0N 1R0 Phone: (519) 882-2350 Fax: (519) 882-3373

Municipal Grant/Donation Application

Application Due By: September 15th for consideration of the next budget

CONTACT INFORMATION

Date Application Submitted:				
Organization Name:				
Address:				
Contact Person:				
hone:		Fax:		
E-mail:				
Project/Purpose of Request:				
Funding Requested: \$	Goods/Se	ervices: (ie. Theatre tickets etc.)		
Authorized Signature:				
Printed Name:			Position:	
ELIGIBILITY				

Please provide your Revenue Canada Charitable Registration Number (if applicable):			
Are you a non-profit organization?	Yes	No	
Has your organization received any funding or in kind donations from the Town of Petrolia for the current period?	Yes	No	
Will the Town of Petrolia be the primary funder of this project/proposal?	Yes	No	
Is your organization located within the Town of Petrolia?	Yes	No	
Will this project/proposal benefit citizens outside the Town of Petrolia?	Yes	No	
Does your organization provide grants/in kind donations to any other group or organization?		No	
Is your organization governed by a community-based volunteer board of directors?	Yes	No	

OFFICE USE ONLY	,					
Application Reviewed by:				Date Reviewed:		
Approved?	Yes		No	If not, reason why:		
Notification Letter Se	ent to A	ppli	icant:		Date:	



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PROPOSAL SUMMARY

Please provide a clear and concise proposal summary including goals and objectives of your
project/proposal.
Does your project/proposal address a community need? How was the need determined?
Outline the community support you have received for your project/proposal:
How does your organization partner and collaborate with other community organizations and funders?

CHECKLIST

- 1. A list of current Board Members, where applicable, is attached.
- 2. A Financial Statement for the year, where applicable, is attached.
- 3. Submitted before September 15th for the following year's budget considerations.

Thank you for your application.