



# The Corporation of the Township of Huron-Kinloss

P.O. Box 130  
21 Queen Street  
Ripley, Ontario  
N0G 2R0

PHONE (519) 395-3735  
FAX: (519) 395-4107

e-mail: [info@huronkinloss.com](mailto:info@huronkinloss.com)

## Community Well-Being Program Application Form

Please complete this form, enclose all required information and return to:

Township of Huron-Kinloss  
21 Queen St. Po Box 130  
Ripley, ON  
N0G 2R0

Or email to [info@huronkinloss.com](mailto:info@huronkinloss.com)

1. Name of Organization: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Names of Executive Members (if applicable):
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
  - g. \_\_\_\_\_
  - h. \_\_\_\_\_
6. Project Name: \_\_\_\_\_
7. Funding Stream: (please choose only one)
  - Arts, Culture & Heritage
  - Sports & Recreation
  - Social & Health
  - Environmental
  - Other
8. Provide a list of other funding sources including any in-kind contributions and partnerships.

9. Describe, in detail, the project and identify the need for the project: Max. 500 words

10. If successful, what part of the project will the Township funds be used for: Max. 100 words.

11. How will the project support community sustainability and well-being? Max. 500 words.

12. How does your project align with the chosen funding stream? Max. 250 words

13. How does your project align with the Township's Strategic Plan? Max. 250 words

14. How will your project be sustainable in the future: Max. 250 words.

15. In your best estimation, how many Huron-Kinloss residents will your project benefit? \_\_\_\_\_
16. Amount Requested: \_\_\_\_\_
17. Project Start and End Dates: \_\_\_\_\_
18. Have you received all the necessary permits or approvals for this project?  
\_\_\_\_\_
19. If successful, who will cheque be made payable to? \_\_\_\_\_

**Enclose the following information:**

- Project budget
- Previous year project budget if available

**Information to be Provided if Funding is Approved:**

- Final project accounting statement within 1 month of the project completion
- Report describing use of Township funds and outcomes achieved (template will be provided)

**Attach any additional information which you feel may assist in evaluating your application (please limit volume of information).**

I have read the eligibility criteria and confirm that the organization will comply with all requirements. I confirm I have the authority to sign this application on behalf of the organization. I confirm that all the information in this application and the attached documentation is true.

Personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of reviewing the application. Questions about the collection of the personal information may be addressed to the Clerk of the Township of Huron-Kinloss, 21 Queen Street, Ripley ON, N0G 2R0 Phone: (519) 395-3735.

**Signature:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Township of Huron-Kinloss**  
**Community Well-Being Program**  
**Budget Template**

**Organization Name:**

**Project Name:**

**Estimated Project Expenses**

Expense Item	Amount

**Total Project Expenses:**

**Estimated Project Revenue**

Revenue Source	Amount	Confirmed?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

**Total Project Revenue:**

Please Note: Project revenue should not exceed project expenses. Revenues and expenses must be filled out in full and match the information provided in the Project Application. Projects without other revenue sources will not be considered.