



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

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

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:Funding Stream: (please choose only one)
 - Arts, Culture & Heritage
 - Sports & Recreation
 - Social & Health
 - Environmental
 - Other

7. Describe, in detail, the project and identify the need for the project: max. 500 words

8. If successful, what part of the project will the Township funds be used for:
(maximum 100 words).

9. How will the project support community sustainability and well-being? (maximum
500 words)

10. How does your project align with the chosen funding stream and the Township's Strategic Plan? Max. 500 words

11. Provide a list of other funding sources including any in-kind contributions and partnerships.

12. How will your project be sustainable in the future: (maximum 250 words)

13. In your best estimation, how many Huron-Kinloss residents will your project benefit?

14. Amount Requested:

15. Project Start and End Dates:

16. Have you received all the necessary permits or approvals for this project?

17. If successful, who will the 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