
YEAR 2026 CEMETERY GRANT APPLICATION FORM

NOTE: *PLEASE ATTACH A COPY OF YOUR LATEST YEAR END STATEMENT OF REVENUE AND EXPENDITURES*****

1. **Name of Cemetery Group or Organization:**

2. **Cemetery Address:**

3. **List of Executive Officers (President, Treasurer, Secretary, etc.):**

4. **Organization's Contact Name, Address, Phone Number & Email Address:**

5. **Is the cemetery registered with the Bereavement Authority of Ontario (BAO)?** Yes/No

Provide your BAO Registration Number:

6. **Is your cemetery active (accepting burials) or inactive? Yes/No If yes, how many interments were completed in the past year?**

7. **How many existing burials are in the cemetery?**

8. **Amount of grant requested:** \$ _____

9. **Purpose of grant:**

10. **What percentage is the grant request of your total operating budget?**

Approximately _____%

11. **Is your request for a grant a one-time request or will you be making requests in future years?**

12. **Have you received funding from the Township in prior years? If so, when and how much?**

YEAR	AMOUNT REQUESTED	AMOUNT APPROVED
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_____	_____	_____
_____	_____	_____

13. **Has your organization requested financial assistance in the last twelve (12) months from other organizations (i.e. Federal, Provincial, Regional Government, Private Corporations, Foundations, etc.)?**

14. **If your request for Township funds is denied, what will be the effect on your organization?**

15. **Please provide a listing of the current burial cost price list for your cemetery.**

16. **Will your organization ever be self-supporting? If yes, when?**

17. **Have you attached your statement of revenues and expenditures? If no, why not?**

18. **Has your direct deposit banking information has changed?**

if yes, please complete the attached form.

If no, no need to complete the form.

NOTE: I understand by signing this application that the Township of West Lincoln makes no commitment to the approval of a grant. Should a grant be approved I further understand that payment is not guaranteed prior to final Township Council approval. If a grant is approved, I also agree to submit a report within one calendar year outlining how the grant money was used for the programs as designated on this application form.

Name & Title of Signing Officer Making Application

Signature of Signing Officer Making Application

Telephone Number

Contact Name if different from Signing Officer

Contact Telephone Number if different from Signing Officer

Contact Person Email Address

The Granting of assistance in any one year or over several years is not to be interpreted as a commitment to future years funding. All organizations will be required to make application in every year that a grant is requested and such application will be subject to annual evaluation.

The information collected on this form is done so under authority of the Municipal Act, and is used solely for the purpose of determining an organization's eligibility for funding assistance from the Township of West Lincoln.