
YEAR 2025 GRANT APPLICATION FORM

NOTE: *PLEASE ATTACH A COPY OF YOUR 2024 YEAR END STATEMENT OF REVENUE AND EXPENDITURES*****

1. **Name of Organization:**

2. **Address:**

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

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

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

6. **Purpose of grant:**

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

Approximately _____%

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

9. **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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10. **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.)?**

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

12. **Does your organization provide a service for which a charge is made? If yes, please give details:**

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

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

15. **Please indicate the main services/activities your organization provides and the approximate percentage of your budget which is allocated to provide these services/activities:**

| Service/Activity | Approx. Percentage of Budget Allocation |
|------------------|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

16. **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.

VENDOR ELECTRONIC FUND TRANSFER REQUEST FORM

The Township of West Lincoln offers Electronic Funds Transfers (EFT) for vendor payments and email delivery of these remittances. EFT payments will be directly deposited in the bank account identified below and notifications will be sent to the contact email provided. Banking information is confidential and is used only for deposit purposes. The Contact/Authorized Persons noted below are the only individuals able to make future changes on the account.

Please select one of the following form options:

New Enrollment: Vendor wishes to enroll in EFT payments program.

Information Change: Vendor wishes to change information on existing EFT enrollment; *see additional submission requirements noted below.*

Remove EFT Enrollment: Existing EFT vendor wishes to stop future EFT payments.

New Enrollment Information Change Remove EFT Enrollment

The following must be included for your request to be processed:

- MUST attach a void cheque or direct deposit form; vendor name below **must** match
- MUST provide a valid email address for EFT notification
- Vendor account MUST be with a Canadian financial institution
- If changing bank account information, vendor MUST submit previous bank information support, in the form of either the previous direct deposit form or previous void cheque.
- If changing any vendor information, vendor MUST submit a signed letter of direction.

PLEASE EMAIL YOUR REQUIRED INFORMATION & COMPLETED EFT REQUEST FORM TO ap@westlincoln.ca OR THE FAX NUMBER ABOVE.

| | | |
|---|--|--------------|
| Vendor Name: | | |
| Address: | | |
| City: | Province: | Postal Code: |
| Contact Person (if different from vendor name): | Authorized Person (if different from Contact): | |
| Contact Phone: | Contact Email (for EFT notification): | |

I hereby authorize CIBC and The Township of West Lincoln to transfer funds to the following account:

| | | |
|--------------------------------|------------|--------------|
| Name of Financial Institution: | | |
| Address: | | |
| City: | Province: | Postal Code: |
| Financial Institution #: | Transit #: | Account #: |

Authorized Signature

Date