# **Community Grant Application Form**

Refer to the Municipal Grant Application Standard Operating Procedure (SOP) for more detailed information on eligibility and criteria. If you require assistance completing this form, or have inquiries, contact: Director of Finance, 613-534-8889 ext. 220 or info@southstormont.ca.

## **Applicant Information**

### Name of organization \*

Ingleside Long Sault Lost Villages Lions Club

### Type of organization \*

International non-political service organization

#### **Contact Person\***

Phone Number \*

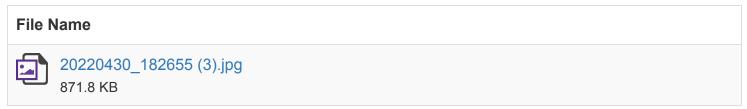
**GERALD J POTVIN** 

613-577-1808

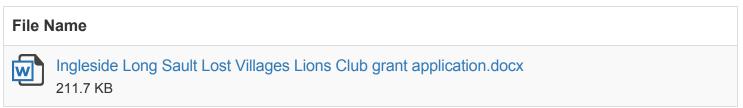
#### Email address \*

gampyowl@outlook.com

### List of Board/Committee members (if applicable)



### Letter of support from organization benefiting from this grant



### Part 1: Information about the Applicant

### What is the status of your organization? \*

- Registered Charity
- Not for profit corporation (not registered as a charity)
- Organization
- Other (Explain)

## What is the main sector your organization serves? \*

- C Arts & Culture
- Human and Social Services
- C Environment
- C Sports and Recreation
- C Other

### A brief description of the organization \*

On a Mission to Serve Lions Serve. It's that simple, and it has been since we first began in 1917. Our clubs are places where individuals join together to give their valuable time and effort to improving their communities, and the world

## Part 2: Information about the Grant Request

### Application is for:

- C Operational funding
- Project funding
- C Capital funding

### Total funds requested: \*

\$2,500.00

### Will you require donations in-kind, i.e. tables, chairs or use of hall \*

Yes

No No

Tables and Chairs if available

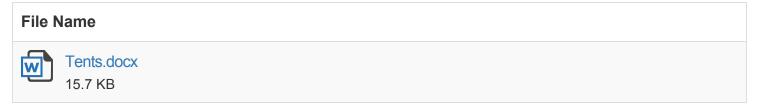
### Overall budget for this initiative \*

\$4000.00

### Program, project or event description

Lost Villages Lions Club will be having an Olde Fashion Carnival. Just like our grandparents used to have.

Provide a breakdown of the proposed expenses for the initiative (community based program, project or event), identify the use of the grant funds and/or donations in-kind requested, including a time frame indicating when you will require the funding.



Has your group received a grant from the Township of South Stormont previously?\*

Yes

No No

Ingleside Long Sault Lost Villages Lions Club Charter Night Lost Villages Gals Spring Fling

### Does your organization conduct fundraising activities? If so, list these activities.

Fund raising for Ingleside Splash Pad done by monthly dinners, BBQS, Easter egg hunt yearly, Pumpkin hunt yearly, Newington fair concession, Selling Lions club cakes and cookies. South Stormont fun run walk. Fund raising for Cenotaph.

### Part 3: Applicant's Declaration

I confirm that the information contained in this application and accompanying documents are true, accurate and complete. I acknowledge that if this application is approved I will be required to provide all of the necessary information, as outlined in the South Stormont Municipal Grant Application – Standard Operating Procedure.

### **Declaration \***

Date

I have read and understand the above declaration.

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Personal information contained on this form is collected under the Municipal Freedom of Information and Protection of Privacy Act and will be used to respond to your request. Questions about this collection should be directed to the Director of Corporate Services at 613-534-8889 ext.201.

# Thank You

Your application has been submitted to our office.