

SUBJECT: Donations by the Municipality of Whitestone

APPROVED:

REVISED:

APPLIES TO: Council, Staff and Public

EXCLUDED: Thrift Shop Committee

POLICY:

The Municipality of Whitestone's primary mandate is to provide municipal services to ratepayers; it should not be viewed as a philanthropic organization. However, in order to enhance the life and social well-being of the Municipality of Whitestone community, approximately \$_____ / year (may be adjusted annually by Council) will be included in the Municipality's annual budget to be allocated to support projects and activities of that nature. This policy applies to requests for all donations and requests for funding from organizations from within the township as well as outside the municipality.

PROCEDURES:

1. A Municipal Grant Application (see Form 4.2) must be filled out and submitted to receive consideration for funding. Applicants are welcome to submit additional documentation that will assist in describing the project or activity.
2. Applicants wishing to address Council must apply through the established "Request for Delegation" procedure, keeping in mind the application review schedule below.
3. The Municipality will accept and review applications once per year for the financial period of January to December which is the Municipality's fiscal year. The application deadline shall be February 10th.
4. All applications received by the application deadline will be evaluated by the CAO-Clerk against the Municipality's policy, donation criteria and budget. A recommendation, including approval or rejection and the suggested amount of the donation, will be forwarded to Council in February of each year for their review and decision.
5. Applicants will be notified of their application status immediately following Council's decision.
6. During the evaluation process, the following criteria will be utilized:
 - Consideration will be given to the number of people reached by the requested donation. A higher weighting will be given to those donations that serve a large number of the Municipality's citizens.
 - Higher weighting will be given to organizations/activities with high ratio of fund raising or self-finance.
 - The Municipality will not fund projects or services that duplicate services or activities already provided by the Township or other government agencies.
 - The Municipality will not fund groups or activities of a religious or political nature.
 - The Municipality will not fund school activities which are already supported through school tax levy.
 - The Township will not fund entertainment or social functions with no direct tangible benefit to the Municipality at large.

THE CORPORATION OF THE MUNICIPALITY OF WHITESTONE

GRANT APPLICATION

1. Date: _____
2. Name of Organization: _____
3. Address: _____
4. Please state the goals and objectives of your organization: _____

5. Purpose of grant: _____

6. What are the primary reasons for undertaking the project/service? _____

7. Will this be a one-time project/service or is it ongoing? _____
8. Dates/Duration of project/service: _____

9. Who will be responsible for the execution and successful completion of the project/service?
Name: _____
Telephone: _____ Fax: _____
Email: _____
10. Describe the project funding:
Total Budget: _____
Requested contribution from Whitestone: _____
Amount from self-funded or fundraising: _____
Other grants: _____
Admission fees: _____
Other sources: _____
11. Membership Fees: _____
Current Year: _____ Previous Year: _____

12. Other sources of funding: _____

13. What is the basis for determining the requested Whitestone donation amount? _____

14. Is there any other funding contingent upon receiving a grant from the Municipality? If yes, please explain:

15. Has your organization requested assistance from Whitestone in the past? ___ Yes ___ No
What year(s)? _____
Amount requested: _____
Purpose of previous grant: _____

16. Who will benefit from the project and how will they benefit? _____

17. What are the benefits to the Municipality of Whitestone community? _____

18. Is your group willing to provide a summary report to Whitestone following the event? ___ Yes ___ No

19. Any other information you wish to provide in support of this application? _____

20. Number of citizens that participate/benefit: _____

21. Number of Whitestone citizens that participate/benefit: _____

22. This grant application was authorized by a motion of the organization on the _____ day of _____,
20_____. (Please attach a copy of the resolution to this application)

23. Name and position of authorized Signing Officers:
Name: _____ Signature: _____
Name: _____ Signature: _____

24. Please attach a copy of your organization's most recent financial statement and a separate statement of current financial assets.