



THE CORPORATION OF THE TOWNSHIP OF SEGUIN

DONATION APPLICATION

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

5. Does your organization have an established history of service to the Seguin community? Yes No
6. If yes, how long has your organization been providing service to the community? _____

7. Purpose of donation: _____

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

9. Will this be a one time project/service or is it ongoing? _____
10. Dates/duration of project/service: _____

11. Who will be responsible for the execution and successful completion of the project/service:
Name: _____
Telephone: _____ Fax: _____
Email: _____
12. Who will benefit from the project and how will they benefit: _____

13. What are the direct tangible benefits to the Seguin community? _____

14. Number of citizens that participate/benefit: _____
15. Number of Seguin citizens that participate/benefit: _____
16. Describe the project funding:
Total Project Budget: _____

Requested contribution from the Township: _____

Amount self-funded from fund raising: _____

Other grants received or applied for to fund this project: _____

Admission fees budgeted for this project: _____

Other sources of funding for this project: _____

17. Membership Fees:

Budget for current year: _____

Most recent fiscal year: _____

18. Other sources of funding expected to be received for the organization: _____

19. What is the basis for determining the requested Township donation amount? _____

20. Is there any other funding contingent upon receiving a donation from the Township? If yes, please explain: _____

21. Does your project duplicate services or activities that are already provided by the Township or other government agencies? Yes No

22. Is your organization or your project of a religious or political nature? Yes No

23. Is your project already supported through a school tax levy? Yes No

24. Has your organization requested assistance from the Township in the past? Yes No

What year(s): _____

Amount received: _____

Purpose of previous donation: _____

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

26. Applicants must submit a summary report of the event/project to the Township's Chief Financial Officer/Treasurer within 30 business days of its completion.

27. This donation application was authorized by a motion of the organization

on the _____ day of _____, 20 _____

(please attach a copy of the resolution to this application)

28. Name and position of authorized Signing Officers:

Name: _____ Signature: _____

Name: _____ Signature: _____

29. Please attach a copy of your organization's financial statements (minimum of income statement and cash position) at the end of the last fiscal year, as well as a budget for the applicant's following fiscal year.