



# 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.