

Council Grant Application - DUE NOVEMBER 9th, 2026

About the Organization

Name _____ Address _____
Contact _____ Position _____
Phone _____ Fax _____ Email _____

of volunteers in the organization _____

Are you a non-profit organization? _____

Charitable Registration Number (if applicable) _____

Is your organization location within the Municipality of Southwest Middlesex? _____

Has your organization made other applications to SWM for funds for this year? _____

Has your organization received funding assistance from SWM in prior years? _____

When? _____ How Much? _____

Please provide your organizations purpose/mandate:

Proposed Event Details

Name of Event _____

Date of Event _____ Location of Event _____

Please provide a clear and concise summary of your proposal, including the goals and objectives of your proposal:

If this application includes assistance **other than direct financial assistance**, please outline the details of this request (i.e. type and estimated hours of staff support, facilities to be used, date of facility request, equipment requested, etc). Acceptance of this application does not guarantee other non-direct financial assistance.

Please describe how your proposal supports the Municipality of Southwest Middlesex:

Will this proposal provide services to the citizens of Southwest Middlesex? _____

Will your organization or another organization be the primary funder of this proposal?

☐
☐
☐

Yes, our organization

Yes, another organization (name) _____

No

Please indicate the support being requested:

☐
☐
☐
☐
☐
☐
☐
☐

Financial assistance

Service or project

Waiving of facility fees

Staff support

Supply of equipment or materials

Insurance coverage

Use of municipal property or facilities

Other (describe) _____

Please indicate the category that best suits your request for assistance:

☐
☐
☐
☐
☐
☐
☐

Tourism/Economic

Community

The Arts

Culture and Heritage

Environmental Awareness/Sustainability

Other (describe) _____

Funding Amount Requested: \$ _____

In-Kind Amount Requested: \$ _____

Please provide any additional details you feel are pertinent about your proposal.

Signature of Contact _____ Date _____

Note: organizers of parades are required to provide liability insurance in the amount of \$2 million naming the Municipality of Southwest Middlesex as additional insured. The cost of obtaining such insurance may form part of any assistance application, along with the necessary staff support.

Please note that a grant in any year is not considered to be a commitment by Southwest Middlesex to continue such assistance in future years. It is not the intent of this grant program to become an annual component of an organizations budget plan.

Completed applications must be delivered by November 29th, 2024 to:

Municipality of Southwest Middlesex

153 McKellar Street

Glencoe, ON N0L 1M0

cao@southwestmiddlesex.ca