

**CLERKS DEPARTMENT  
GRANTS TO COMMUNITY  
ORGANIZATIONS  
FORM-CLK-111**



**Application Process**

To apply for a Township of King Community Organization Grant, please complete the following form and submit it to the Clerk's Department. Please refer to Grants to Community Organizations policy for information regarding eligibility criteria, application requirements, and disbursement information.

Return completed forms to:

King Township, Attention: Township Clerk  
2585 King Road, King City, ON L7B 1A1  
Fax: 905-833-2300 or Email: [clerks@king.ca](mailto:clerks@king.ca)

**Application Information**

Name of Organization	
Address	
Telephone Number	
Charitable Organization Registration Number	
Number of Members	
Does your organization utilize volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of registrants (all programs) served by your organization	Resident: _____ Non-Resident: _____
Have you made a previous request for and/or received a Community Grant from the Township of King?	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>please specify</i> ) <ul style="list-style-type: none"><li>• Year: _____</li><li>• Amount Requested: \$ _____</li><li>• Amount Received: \$ _____</li></ul>
Has your organization requested and/or received funding assistance from any other municipal, provincial, or federal department or agency in the last twelve (12) months?	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>please specify</i> ) <ul style="list-style-type: none"><li>• From Whom Requested: _____</li><li>• Amount Requested: \$ _____</li><li>• Amount Received: \$ _____</li></ul>

Provide the total registration, membership and/or service fees collected by your organization.

Registration, Membership or Service Fee Revenues:

\$ \_\_\_\_\_

Show what percentage of your total funding these revenues account for (Please separate activities, programs, services).

Percentage of all Revenue:

\_\_\_\_\_ %

### Directors and/or Executives of Your Organization

List names and contact information

Name	Title	Telephone #	E-mail (optional)

### Community Grant Request

**YOUR GRANT REQUEST  
AMOUNT**

\$ \_\_\_\_\_

### Grant Request Description

Please describe the objectives of your organization and how a Community Grant would assist you in meeting your organization's objectives for the benefit of the community. Take care to include all relevant details. If necessary, you may include extra pages with your application.

### Conditions upon Approval

Having received approval of a request for a community grant from the Corporation of the Township of King, the organization agrees to the following conditions:

1. The organization confirms that the representations contained in the application for a community grant are true and correct in every respect and that in the event that the funds are not used for the project or programs as described in the application, the full amount of the community grant will be returned to King Township.
2. If there is any change in the funding of the project from that contemplated in the application, King Township will be notified of such changes.
3. That the organization will make or continue to make attempts to secure funding from other sources as so indicated in this application.
4. That the organization will keep proper books of accounts, of all receipts and expenditures, relating to the project or program.
5. That the organization will make available for inspection by King Township, all records and books of accounts of the organization upon request. Audited financial statements for the previous fiscal year and previous years, if applicable, along with additional documentation such as, but not limited to, budgets and financial statements with revenues and expenditures grouped by each individual activity, service or program delivered by the applicant organization, must be produced if requested. Failure to produce additional documentation will disqualify the organization from receiving funding.
6. That if the project or program proposed in the organization's application is not commenced, or is not completed, or is completed without requiring the full use of the Township of King funds, the unused balance will be returned to King Township.

### Declaration

I certify that to the best of my knowledge, the information provided in this request is accurate, complete and is endorsed by the organization I/we represent.

_____ Signature	_____ Title	_____ Date
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_____ Signature	_____ Title	_____ Date
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***Thank you for your interest in the Township of King Community Grants Program.***

Personal information (PI) is collected on this form under the authority of the Municipal Act, s. 11. The purpose of this collection is to administer the Community Grants program. The personal information provided on this form is protected in accordance with Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Should you have any questions or concerns regarding the collection of personal information (PI), please contact the Clerks Department, King Township, 2585 King Road, King City, L7B1A1 (905) 833-5321.