

TOWN OF SIDNEY APPLICATION FOR GRANT IN AID

Date: _____

- \Rightarrow Applications shall be received in the Town Hall by close of business on the last working day in January.
- \Rightarrow Grants are for one year only and are for the year of application only.
- \Rightarrow Grants are generally intended for "not for profit" organizations who provide benefit for the citizens of Sidney.
- \Rightarrow Further information may be obtained from the Director of Corporate Services, Telephone No. 656-1184.

1. NAME OF ORGANIZATION:			
	ADDRESS:		
	TELEPHONE NO:	FAX NO:	
	PRESIDENT'S NAME:	TELEPHONE NO:	
	SECRETARY'S NAME:	TELEPHONE NO:	
	TREASURER'S NAME	TELEPHONE NO:	
	NUMBER OF PAID UP MEMBERS AT LAST AGM:		
	NUMBER OF MEMBERS LIVING IN TOWN OF SIDNEY:		
2.	. OBJECTIVES/MANDATE OF ORGANIZATION:		
3.	DATE OF INCORPORATION:		
	REGISTRATION NO:		

Town of	Sidney	
Applicati	on for Grant	In Aid

4. GRANT REQUEST AMOUNT: \$_____

INTENDED USE OF FUNDS: _____

TOTAL COST OF PROJECT/INITIATIVE: \$_____

LIST OTHERS CONTACTED AND AMOUNTS REQUESTED:

a)	\$
b)	\$
c)	\$

5. Attach last complete/audited financial statement for your organization and a budget for the project/initiative that is the subject of this application.

6. Is this the first time you have applied for a grant from Sidney?

	Yes No
If "no", please provide dates and details:	

Signed

Dated