

SUBJECT: Donations by the Municipality	POLICY #: 2005-04
	APPROVED: November 21, 2005 RESOLUTION: 2005-555
MANUAL: Policy and Procedure CATEGORY: 4.0 - COUNCIL	REVISED: September 15, 2008 RESOLUTION: 2008-366
APPLIES TO: Council, Staff and Public	PAGE: 1 of 2

POLICY:

The Township’s primary mandate is to provide municipal services to ratepayers; it should not be viewed as a philanthropic organization. However, in order to enhance the life and social well being of the Seguin community, approximately \$30,000/year (may be adjusted annually by Council) will be included in the Township’s annual budget to be allocated to support projects and activities of that nature. This policy applies to requests for all donations and requests for funding from organizations from within the Township as well as outside the Township.

Standard application elements are included in **Form 4.2** which are part of this policy.

PROCEDURES:

1. A Township grant application (see Form 4.2) must be filled out and submitted to receive consideration for funding. Applicants are welcome to submit additional documentation that will assist in describing the project or activity.
2. Applicants wishing to address Council must apply through the established “Request to be Heard” procedure keeping in mind the application review schedule below.
3. The Township will accept and review applications once per calendar year for the financial period of January to December which is the Township’s fiscal year. The application deadline shall be January 15, 2006 for 2006 donations and December 1st in subsequent years for donation requests for the following fiscal year.
4. All applications received by the application deadline will be evaluated by the Finance Committee against the Township’s policy, donation criteria and budget. A recommendation, including approval or rejection and the suggested amount of the donation, will be forwarded to Council in February of each year for their review and decision.
5. Applicants will be notified of their application status immediately following Council’s decision.

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6. During the evaluation process, the following criteria will be utilized:
- ▶ Consideration will be given to the number of people reached by the requested donation. A higher weighting will be given to those donations that serve a larger number of the Township's citizens.
 - ▶ Higher weighting will be given to organizations/activities with high ratio of fund raising or self-finance.
 - ▶ Higher ratings will be given to organizations with an established history of service to the community.
 - ▶ The Township will not fund projects or services that duplicate services or activities already provided by the Township or other government agencies.
 - ▶ The Township will not fund groups or activities of a religious or political nature.
 - ▶ The Township will not fund school activities which are already supported through school tax levy.
 - ▶ The Township will not fund entertainment or social functions with no direct tangible benefit to the Township at large.
 - ▶ The Township will only fund non-profit organizations.

See Form 4.2 in this Category



THE CORPORATION OF THE TOWNSHIP OF SEGUIN

GRANT APPLICATION

Date: _____ **Name of Organization:** _____

Type of Organization: _____

(e.g. Chartered or Ad Hoc, Service Organization, Community Group, Etc.)

Address: _____

Number and Street

Town

Province

Postal Code

Please state the goals and objectives of your organization:

Purpose of Grant:

What are the primary reasons for undertaking the project/service?

Will this be a one time project/service or is it ongoing?

Dates/Duration of project/service:

Who will be responsible for the execution and successful completion of the project/service?

Name:

Email:

Telephone:

Fax:

Describe the project funding (total budget, requested contribution from Seguin, amount from self-funded or fund raising, other grants, admission fees, other sources):

Membership Fees: Current Year: \$

Previous Year: \$

Other Sources of Funding:

What is the basis for determining the requested Seguin donation amount?

Is there any other funding contingent upon receiving a grant from the Township? If yes, please explain:

Has your organization requested assistance from Seguin in the past?

No

Yes

What Year(s)?

Amount Requested \$

Purpose of Previous Grant:

If you have any individuals receiving salaries or honoraria, please list position and amount:

Who will benefit from the project and how will they benefit?

Empty response area for the first question.

What are the benefits to the Seguin community?

Empty response area for the second question.

Is your group willing to provide a summary report to Seguin following the event?

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

Empty response area for the fourth question.

Number of Citizens that participate/benefit

Empty response area for the fifth question.

Number of Seguin Citizens that participate/benefit

Empty response area for the sixth question.

This grant application was authorized by a motion of the organization

on the _____ day of _____, 20____. (Please attach a copy of the resolution to this application)

Name and Position of authorized Signing Officers:

Two horizontal lines for entering names and positions.

(Please Print)

(Please Print)

Signature of above authorized Signing Officers:

Two horizontal lines for entering signatures.

(Signature)

(Signature)

PLEASE ATTACH A COPY OF YOUR ORGANIZATION'S MOST RECENT FINANCIAL STATEMENT AND A SEPARATE STATEMENT OF CURRENT FINANCIAL ASSETS.