

Oxford County – Corporate Services
PO Box 1614, 21 Reeve St,
Woodstock ON N4S 7Y3

INSTRUCTIONS

Instructions are provided for guidance in completing the application form:

- The application deadline is **August 30 (October 15 in 2024)** for grants for the following fiscal year. If the due date falls on a weekend or statutory holiday, applications may be submitted the next business day.
- Incomplete applications will not be considered. The information requested from applicants needs to be fully completed and all questions on the application form must be answered.
- The applicant may be contacted if further information or clarification is required.
- Expenses included in the application will not be considered if they are incurred before the application has been received by the County.
- Applicants that have overdue or incomplete accounting/reporting related to previously approved County of Oxford funding will not be considered for new funding until their outstanding accounting and reporting requirements have been received and confirmed complete by Corporate Services, Finance division.
- Eligible Organizations can submit their application by email to clerksoffice@oxfordcounty.ca

Note: If additional space is required to answer a question, include a separate page, making sure to note the question number being answered on the separate page.

1. LEGAL NAME AND CONTACT INFORMATION OF ORGANIZATION

Name: _____

Address: _____

Town: _____ Province: _____ Postal Code: _____

Has your organization been in existence for greater than one (1) year? Yes No

2. ORGANIZATION CONTACT PERSON

Name: _____ Title: _____

Contact Number: _____ Email: _____

3. ORGANIZATION ALTERNATE CONTACT PERSON

Name: _____ Title: _____

Contact Number: _____ Email: _____

4. REVENUE CANADA REGISTRATION NUMBER

Is your organization name above a not-for-profit corporation or registered with Revenue Canada as a charity? Yes No

Please provide a registration number: _____

5. SUPPORTING DOCUMENTATION

Attach financial statements for the applicant organizations most recent fiscal year ended.

Financial Statement attached. Fiscal year covered: _____

6. BOARD OF DIRECTORS / ORGANIZING COMMITTEE OF ORGANIZATION

Please list the Board of Directors/Organizing Committee (or attach information).

7. ORGANIZATION OVERVIEW

Describe your organization's mission and who it serves.

8. PROJECT DETAILS (PROJECT REFERS TO PROGRAM / SERVICE / EVENT / ACTIVITY)

a) Name of the project.

b) Briefly describe your project that you are requesting support for.

c) Describe why you are applying for this grant and how it will be used and assist with the project.

d) Are you seeking other funding/contributions for this project? If so, list the funding/contributions committed to this project.

e) Which pillar of the County's Strategic Plan does the project support?(check all that apply)

- Promoting Community Vitality** – community health, safety and wellbeing;
- Enhancing Environmental Sustainability** – initiatives that support community members and stakeholders in embracing sustainable options, including education and awareness initiatives.
- Fostering Progressive Government** – assess and continually explore opportunities to establish effective and efficient service delivery levels and models, considering expected growth and community needs.

f) How does your project provide a social, economic or environmental benefit to Oxford County, its citizens or taxpayers and/or support the County's strategic initiatives?

g) How many residents of Oxford County will benefit from and will be involved in this project?

h) Describe the need/demand in the community for your project and the community support that exists for this project. List any other partners in delivering this project.

- i) Describe your likelihood of success in delivering this project and any experience you have delivering similar projects. Describe how you will measure the success of this project.

- j) Who will oversee the implementation of this project and the financial management of the project?

- k) What marketing will you be doing for the project / event and by what means? How will the County be recognized for the grant contribution?

- l) How do you plan to carry out the program, project, or event? (Please include a detailed schedule demonstrating the necessary steps for completion, if applicable.)

9. PROPOSED PROJECT BUDGET

Provide a detailed budget breakdown of the project / initiative / event indicating all revenue and expense.

Revenues	Description	Amount (\$)
Funds requested from the County		
Other Funding		
Other Grants		
Fundraising		
Donations		
Other (Specify)		
Total Revenues		
Expenses	Description	Amount (\$)
Total Expenses		

10. ORGANIZATION ATTESTATION

We, the undersigned, hereby certify that we are authorized to sign on behalf of the organization and that the information contained in this application is true and correct to the best of your knowledge and that we do not have any outstanding commitments resulting from any previous initiatives funded by the County of Oxford.

Name: _____ Name: _____

Title: _____ Title: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Personal information is collected under the authority of the *Municipal Act, 2001* Section 398 (2) for the purposes of selection of applications for Grants Program. Questions about the collection of personal information, use, and disclosure should be directed to the Legislative Services Coordinator, Department of Corporate Services - clerksoffice@oxfordcounty.ca

11. GRANT APPLICATION CHECKLIST

- All sections of the application form are completed.
- Application signed and witnessed by authorized representatives.
- Proof of non-profit registration, if first time applying
- Applications asking for \$10,000 - \$50,000 must include a copy of the organization's financial statements for the most recently completed financial year.
- Applications asking for over \$50,000 must include an externally audited copy of the organization's financial statements for the most recently completed financial year.