

COMMUNITY IMPACT GRANT



Form B: FINANCIALS

APPLICANT

COMBINED VALUE OF CASH AND IN KIND REQUESTED ON FORM A

ANNUAL OPERATING BUDGET

EVENT/PROGRAM BUDGET*

*Grants are only intended to support the organization's other sources of funding. The combined requests to this program (financial and in-kind support) must represent no more than 40% of the program or event budget.

This section is required for the **Capacity Building, Impact and Partnership Funding Streams**

ORGANIZATION TYPE

Is your organization a registered not-for-profit or charity?

- Registered Charity
- Not-for-Profit Corporation
- Other (please specify)

Registration Details:

Please provide your CRA number or Ontario Corporation Number:

Date of Incorporation or Registration:

OTHER SOURCES OF FUNDING

Please check all other sources of funding. We may request more information upon review.

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Lanark County Grant | <input type="checkbox"/> Vendor Revenue | _____ |
| <input type="checkbox"/> Provincial Funding | <input type="checkbox"/> Admission | _____ |
| <input type="checkbox"/> Federal Funding | <input type="checkbox"/> Community Donations | |

PREVIOUS MUNICIPAL FUNDING

2024 2025

Report submitted Report submitted

Applicants who have not submitted final reports from previous funding cycles are not eligible to apply. If you are unsure about your reporting status or have questions, please contact the Community Services department at 613-256-2064.

AUDITED FINANCIALS

Applicants to the **Impact and Partnership Funding Streams** must include audited Financial statements with their application.

By signing below, I confirm that the financial details submitted are true and accurate to the best of my ability. I understand that providing false or misleading information may affect eligibility for funding.

Name

Email Address

Organization Role

Signature

Telephone Number