

TOWN OF DEEP RIVER

Community Development Grant Program Application

**PLEASE ENSURE YOU HAVE READ
THE COMMUNITY DEVELOPMENT GRANT
PROGRAM POLICY BEFORE COMPLETING APPLICATION**

**Completed forms must be submitted before December 5th
for projects scheduled for the next calendar year.**

Town of Deep River
Recreation Department
c/o Recreation Program Coordinator
100 Deep River Rd, P.O. Box 400
Deep River, Ontario
K0J 1P0
Telephone: 613 584-2000 extension 103
Fax: 613 584-3237
Email: carstrong@deepriver.ca

Instructions for Community Development Grant Program applications.

How to Complete Your Application

Applications must be submitted using the Town of Deep River application form. Applications submitted on any other form will not be accepted.

Answer all of the application questions as concisely as possible.

It is preferred that the application be submitted using the downloadable version posted on the municipal website. However, if this is not possible, please complete the application by typewriter or by hand, using legible printing.

How to Submit Your Application

Send your application to:

Town of Deep River

Recreation Department

c/o Recreation Program Coordinator

100 Deep River Rd, P.O. Box 400

Deep River, Ontario

K0J 1P0

Deadline: The application deadline is 4:30 p.m. on December 5th, 2025.

Applications received after the deadline date will be considered during the
Second allocation process.

The Second allocation process only occurs if funding remains after the initial allocation.

Please ensure that you provide full, completed and clear answers to the questions on this form, failure to provide the required information may result in your group being ineligible. Missing or unclear information may result in the application being delayed or rejected.

Use a combination of this form and support sheets as needed. Please label your attachments according to the section on this form to which you are responding

PART A – COMMUNITY AGENCY/ORGANIZATION NAME & CONTACT INFORMATION

NAME OF COMMUNITY AGENCY/ORGANIZATION

CONTACT PERSON

TELEPHONE NO

EMAIL

MAILING ADDRESS

WEBSITE

ORGANIZATION GENERAL INFORMATION

NUMBER OF MEMBERS _____ MEMBERSHIP FEE, IF APPLICABLE _____ LAST YEARS MEMBERSHIP FEE _____

TYPE OF ORGANIZATION (ie: registered charity, Non-Profit Organization, no status, etc.)

INCORPORATED AS NON-PROFIT ORGANIZATION _____ Yes _____ No

OUTLINE THE MISSION, PURPOSE AND OBJECTIVES OF YOUR ORGANIZATION.

PART B – GRANT REQUEST

Under what classification are you requesting a Grant?

- ☐ CORPORATE GRANT (Annual operating budget) ☐ COMMUNITY PROJECT GRANT (One-time assistance)
☐ SPECIAL EVENT GRANT ☐ COMMUNITY EVENT GRANT

AMOUNT OF GRANT REQUEST

\$ _____

HAS YOUR ORGANIZATION RECEIVED A MUNICIPAL GRANT IN PREVIOUS YEARS?

☐ Yes

☐ No

AMOUNT OF PREVIOUS GRANT RECEIVED \$ _____

YEAR RECEIVED: _____

WHAT IS THE MAIN SECTOR YOUR ORGANIZATION SERVICES? (CHECK ONE)

☐ Arts and culture

☐ Beautification/horticulture

☐ Environment

☐ Heritage

☐ Sports/recreation

PURPOSE OF GRANT AND BENEFITS TO COMMUNITY

(Provide an overview of the service your organization provides to the community and how this supports Council's Strategic Priorities. Please include the benefits the community would receive as a result of this grant. Also include who within the community would benefit)

IF APPLICATION IS FOR A SPECIAL OR COMMUNITY EVENT, PLEASE ANSWER THE FOLLOWING:

1. How many participants are expected? _____
2. How large an attendance/audience is expected? _____
3. Will there be a charge for attendance? _____
4. What areas (locations) will the activities take place? _____
5. What is the duration of the event? Example (2-day weekend or 4 hours)

IF APPLICATION IS FOR A CORPORATE OR COMMUNITY PROJECT GRANT PLEASE ANSWER THE FOLLOWING:

PARTICIPANTS USAGE

What is the duration of your programming? _____

How many hours/weeks does a member participate? Hours _____ Weeks _____

PROJECT FUNDING: (Indicate what other sources funding has been received or applied for. (Use a separate page if necessary)

☐ Other levels of government ☐ Fundraising events ☐ Donations ☐ Other sources

Please provide specific details : _____

ARE THERE PROJECTS/PROGRAMS/SERVICES/SPECIAL OR COMMUNITY EVENTS OF SIMILAR NATURE BEING OFFERED IN THE COMMUNITY ☐ Yes ☐ No

IF YES, HOW WILL THE ORGANIZATION'S PROJECT/PROGRAM/EVENT COMPLEMENT, ENHANCE, OR DIFFER FROM THOSE OTHER PROJECT/PROGRAMS/SERVICES : _____

WILL THE TOWN OF DEEP RIVER BE THE PRIMARY FUNDING SOURCE OF THIS SERVICE/PROGRAM/EVENT?

☐ Yes ☐ No

IF NO, WHICH OTHER BUSINESSES/ORGANIZATIONS ARE INVOLVED IN THIS PROJECT/PROGRAM?

PLEASE DESCRIBE WHICH AND THEIR ROLES:

WHAT WILL BE THE IMPLICATION IF A MUNICIPAL GRANT IS NOT APPROVED?

How many volunteers and volunteer hours will be contributed to this proposal? Describe how you will track volunteer contributions and your plan to recruit, train and recognize these volunteers.

WILL THE TOWN OF DEEP RIVER BE THE PRIMARY FUNDING SOURCE OF THIS SERVICE/PROGRAM/EVENT?

☐ Yes ☐ No

PROPOSAL WORKPLAN (use table provided below)

Please keep in mind the simplicity or complexity of your project to guide you about the level of information you provide. This information is important during the review of your application.

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[illegible]

Note: Please be sure to consider and list all approvals, licences, or permits that may be needed for your project/event. Also, please describe how you will address any insurance or liability issues.

Sample Budget format to be used to demonstrate funding request				
	Previous Year Actual	Current Year Budget	Current Projected to Year- End	Next Year Requested
Revenue				
Town of Deep River Program Revenues Donation/fundraising other (specify)				
Expenditures				
Salaries and wages, Material and supplies Other Capital Expenditures				
Surplus / (Deficit)				

NOTE: The release of all grant funds is contingent upon the Town receiving a copy of your financial statements for the previous year. (If your financial statements do not clearly identify Town funding request, please use the notes to indicate in which revenue category Town funding is included).

Notes

PART C – Signature of Authorized Officials(s)

Signature: _____
 Position: _____
 Date: _____

Signature: _____
 Position: _____
 Date: _____

APPLICATION CHECKLIST

Copies of the proposed and current year's budget, detailing expenditures and revenues, including other grants and other sources of revenues must be submitted with this request.

- ☐ Current Budget
- ☐ Proposed Budget
- ☐ Statement of Financial Position, signed by 2 Directors
- ☐ Board of Directors Listing
- ☐ Statement of Revenue and Expenditures