



Application #
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## Community Support Grant Fundraising Initiative Request for Sponsorship/Donation Application (Schedule C)

Applicant Information				
Organization Name:				
Name of Event:				
Mailing Address:				
Town/City:	Province:	Postal Code:		
Applicant Status (please check):	Non-profit <input type="checkbox"/>	Local School <input type="checkbox"/>		
Local Group Affiliation (if associated with a national or provincial entity please provide name of entity):				
Has the organization been registered or in operation for at least one year:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has the organization received a Diamond Valley grant in the last calendar year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Please give a brief description of the organization and its primary objectives:				
If the grant is awarded, the cheque shall be made payable to:				
Name of Organization:				
Address Line 1:				
Address Line 2:				
Town/City:	Province:	Postal Code:		
Event Information				
Event Date:			Event Location:	
Type of request (please check):	Participation in Charity golf tournament <input type="checkbox"/>	Sponsorship of an event or initiative <input type="checkbox"/>	Donation to a community project <input type="checkbox"/>	Details of request: (can be attached)
Where will the participants come from (please check):		Municipal/Regional <input type="checkbox"/>		Provincial <input type="checkbox"/>
		Other <input type="checkbox"/> (please specify):		

Select which best describes the history and background of this event or project (please check):	Regular/Ongoing <input type="checkbox"/>	New Initiative <input type="checkbox"/>
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Is this a public event for Diamond Valley residents to attend or participate in?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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How many participants are expected to attend (including spectators):

Project/Event Description: Please describe the nature of the event to be hosted or project to be undertaken, including volunteer components:

**Grant Request**

Contact Name:

Contact Position/Title in Organization:

Phone:	Email:
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Have funding applications been submitted to other communities or organizations? If so, please list.

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount pending or received:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount pending or received:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount pending or received:

Please describe how the funds will be used:

**Freedom of Information:** I understand that this application and any accompanying information is a public record that is accessible by the public. This application will be made available for viewing upon request at the Town office. This personal information is being collected under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used only for the purposes for which it is being collected.

**The individual who signs the application is responsible for all aspects of the event, including compliance with municipal bylaws (copies available on the Town's website at [www.diamondvalley.town](http://www.diamondvalley.town)), all provincial and federal laws, the conduct and safety of all individuals working or attending the event, clean-up following the event and any contractors hired to provide a service to the event.**

**DECLARATION:** I declare that all of the information in this application is accurate and complete to the best of my knowledge. If the application is made on behalf of the hosting organization, business, or citizen group, it is done so with their full knowledge and consent, and I have been authorized to do so.

<b>Name (printed):</b>	
Date:	
<i>Signature:</i>	

<b>Name (printed):</b>	
Date:	
<i>Signature:</i>	