



2021 Emergency Grant Application

Application #
Internal use only

Directions

This application is a fillable pdf form. Please submit a completed copy of the grant application, along with all supporting documents, using one of the following methods:

Email: grantrequest@brant.ca (preferred method)
Fax: 519-449-1380

Name of Organization: _____
 Name of Applicant: _____
 Contact Information: _____
 Address: _____
 Phone #: _____
 Email: _____

Amount of grant requested: _____

Amount received in 2020: _____ **Amount received in 2021:** _____

Please check box indicating you have included the following backup documents:

- Financial Statements (most recent and/or audited)
- Organization's annual budget
- Board of Directors Information, if applicable

ABOUT YOUR ORGANIZATION

Please check the most applicable box (**only one**):

- Incorporated Non-profit
- Registered Charity

Please describe your organization, including how it benefits the community:

EMERGENCY FUNDING GRANT



Amount of grant requested: _____

Nature of urgency of the assistance requested:

Breakdown of how the grant will be used:

<u>Amount</u>	<u>Description</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Have you approached other organizations for funding? Please provide details below.

<u>Organization</u>	<u>Amount Requested</u>	<u>Amount Received</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Additional information you would like to provide about this specific need:

MANDATORY DECLARATION



Confidentiality Disclaimer

The County of Brant Community Grant Program is administered by the Council of the County of Brant. This application, and all information received from the applicant, will form part of the minutes of the Council meeting where they are allocated. The information will be subject to view by the public. No information supplied can or will be considered confidential and the applicant expressly consents to the release of information by the County of Brant regarding applications received, decisions made and other matters relating to the Community Grants process.

We, the undersigned, declare that :

we are Principal Officers of this organization

we have been authorized to make this application on behalf of the organization

we agree that the information provided is true and accurate to the best of our ability

we have read and understand the Community Grants Policy

Principal Officer		Principal Officer
	Name	
	Address	
	Phone Number	
	Email Address	

Note: Physical signatures are not required. The mandatory declaration will be accepted by electronically checking all of the boxes and typing your name(s) above.