



2025 Non-Profit Organizations Grant Program Application

2023-24

Personal information (PI) is collected on this form under the authority of the Municipal Act, s. 11. The purpose of this collection is to administer grants to community non-profit organizations. The personal information provided on this form is protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Should you have any questions or concerns regarding the collection of personal information (PI), please contact:

Town of Georgina
26557 Civic Centre Road
Keswick, Ontario
L4P 3G1
grants@georgina.ca
905 476-4301

A downloadable version of the application form is available. However, ensure that your answers are transferred and submitted through this online application form.

You can also download the budget template.

Organization Details

Name of organization *

Legal type of organization *

Business number *

Number of years operating *

Mission(s) of the organization *

Describe the mission(s) of your organization. A mission is the primary focus of the organization in terms of what it wants to achieve and towards which all activities are focused.

Check the box below to attest to the following: "I attest that my organization meets the Organization Eligibility requirements" *

I Agree

Approximate percentage of clients served who are Georgina residents *

If you are an Economic Development / Tourism specific organization, you can include visitors/tourists to Georgina in this number

Board/Executive List

	Name	Role/Position	Tenure
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Contact Information

Primary contact *

First Name Last Name

Role/position *

Email *

example@example.com

Secondary contact

First Name Last Name

Role/position

Email

example@example.com

Mailing address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Location address (if different from mailing address)

Street Address

Street Address Line 2

Main telephone number *

Please enter a valid phone number.

Website

If applicable

Project 1 Details

We are requesting that you provide information **per project** so that each project can be evaluated separately.

A project has a distinct start and end date, budget, and deliverables.

If your application has more than 4 distinct projects, please email grants@georgina.ca for a template to fill out.

Feel free to reach out to grants@georgina.ca with any questions.

Project Title *

ie. Earth Day Tree Planting Event

Briefly describe the project *

What is the start date of the project? *

Year

What is the end date of the project? *

Month Day Year

Project Budget

Complete the Project Budget spreadsheet and attach it at the end of the application form.

Project Funding Sources

	Funding Source	Amount (\$)	Status
	Funding Source 1		
	Funding Source 2		
	Funding Source 3		

Is this project dependent on funding from the Town of Georgina? In other words, would the project proceed without the funds? *

Please provide further details if needed.

What are the project deliverables (KPIs)? *

Examples: 1,000 event attendees, or 300 cats provided veterinary care

Project 2 Details

If your application only includes one project, you can skip this page.
If your application includes multiple projects, please fill out this page.

Project Title

Briefly describe the project

What is the start date of the project?

Month Day Year

What is the end date of the project?

Month Day Year

Project Budget

Complete the Project Budget spreadsheet and attach it at the end of the application form.

Project Funding Sources

	Funding Source	Amount (\$)	Status
Funding Source 1			
Funding Source 2			
Funding Source 3			

What are the project deliverables (KPIs)?

Examples: 1,000 event attendees, or 300 cats provided veterinary care

Is this project dependent on funding from the Town of Georgina? In other words, would the project proceed without the funds?

Please provide further details if needed.

If your application only includes one project, you can skip this page.
If your application includes multiple projects, please fill out this page.

Project 3 Details

Project Title

What is the start date of the project?

Month Day Year

What is the start date of the project?

Month Day Year

Project Budget

Complete the Project Budget spreadsheet and attach it at the end of the application form.

Briefly describe the project

Project 4 Details

Project Funding Sources

Funding Source	Amount (\$)	Status
Funding Source 1		
Funding Source 2		
Funding Source 3		

Project Title

Is this project dependent on funding from the Town of Georgina? In other words, would the project proceed without the funds?

Please provide further details if needed.

What is the start date of the project?

Month Day Year

What is the end date of the project?

Month Day Year

Project Budget

Complete the Project Budget spreadsheet and attach it at the end of the application form.

What are the project deliverables (KPIs)?

If your application only includes one project, you can skip this page.
If your application includes multiple projects, please fill out this page.

Briefly describe the project

Project Funding Sources

	Funding Source	Amount (\$)	Status
Funding Source 1			
Funding Source 2			
Funding Source 3			

Is this project dependent on funding from the Town of Georgina? In other words, would the project proceed without the funds?

Please provide further details if needed.

What are the project deliverables (KPIs)?

How do your project(s) contribute to the social, economic, cultural, health or general well-being of the community? *

Other Information

Expected 2024 In-Kind Contributions from the Town of Georgina

Type of In-Kind Contribution (ie. Rent, Marketing, etc.)	Value (\$)	Additional Comments (if needed)
1		
2		
3		
4		
5		
6		
7		
8		

Alignment with the strategic priorities of the Town:

In 2023, Council approved the 2023-2027 Corporate Strategic Plan. A copy can be found at georgina.ca/StrategicPlan. This Strategy sets out a number of pillars and goals that are intended to guide and focus the direction of Council and Staff over the next four years.

What Town priorities are aligned with the mission of your organization? How does the proposed project contribute towards the goals of the Town? *

In the table below, please indicate other ways that the Town of Georgina will be supporting you in 2024. For example, providing space without charging rent, joint marketing efforts, etc. Please estimate the dollar value associated with the in-kind contribution.

Confirmation

Is your organization dependent on this funding request to continue your organizational operations this year? If yes, then please indicate your plans to reduce dependency on Town support over time. *

Municipal Freedom of Information Declaration

In accordance with the provisions of the Municipal Act, I understand that all information and material that is required to be provided to the Town of Georgina respecting grant applications shall be made available to the public. In submitting this application and supporting documentation, I hereby acknowledge and provide my consent in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentation provided by myself and/or board members will be part of the public record and will also be available to the general public.

Date *

Year

Print Name of Authorized Agent *

First Name

Last Name