



**The Corporation of the City of Sault Ste. Marie**  
99 Foster Drive, Sault Ste. Marie, Ontario P6A 5X6  
saultstemarie.ca | 705.759.2500 | info@cityssm.on.ca

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## **Request for Financial Assistance for 20**

Legal Name of Organization: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Application Contact Person: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

Is Organization Not-for-Profit?      Yes       No

Not-for-Profit Incorporation      Yes       No

If Yes, Provincial Incorporation Number: \_\_\_\_\_

Charitable Organization Incorporation:      Yes       No

If Yes, Revenue Canada Number: \_\_\_\_\_

Is Organization part of larger Organization?      Yes       No

Name of Parent Organization: \_\_\_\_\_

Last Request for Assistance:      Date: \_\_\_\_\_      Amount \$ \_\_\_\_\_      Received: \$ \_\_\_\_\_

In-Kind Services Received \_\_\_\_\_

Application Type: Cultural/Arts Organization       Sport Organization       Other

Purpose of Grant: Operating       Project       Special Event       First Time Event

Please Describe: \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Or In-Kind Service Requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit the following required attachments with application:

- A. Financial Statement for last two fiscal years including Balance Sheet and Income Statement
- B. Operating Budget for current fiscal year
- C. Project Budget, where applicable
- D. Post Grant Report for previous year if grant was received
- E. For Incorporated Organizations, Articles or Letters Patent
- F. For Unincorporated Organizations, include copy of Constitution
- G. Publications, programmes and press articles.

1. List the names, addresses and phone numbers of the Board of Directors of the Organization.

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2. List the names, addresses, and phone numbers of the Officers of the Organization.

President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

3. Briefly describe the function or purpose of your organization (include mandate, goals and objectives).

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4. List the names and titles of the contact staff of the Organization:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

5. Total Number of Full-Time Staff \_\_\_\_\_ Part-Time Staff \_\_\_\_\_

6. Please append the following information indicating support for the Organization.

- a. Evidence of community support through fund-raising, earned revenue and/or donations. Include number of members, volunteers, subscribers, attendance/audience.
- b. Where available, provide a description of the economic impact of the Organization's activities, programmes and services in the City of Sault Ste. Marie.
- c. Will the Organization's activities, programmes and services attract tourists?

7. If application is for a Project or Special Event, please answer the following:
  - a. How many participants are expected?
  - b. How large an attendance/audience is expected?
  - c. Will there be a charge to participate?
  - d. Will there be a charge for attendance?
  - e. What areas (localities) do the activities, projects or special events reach?
8. If the Organization has an accumulated debt and/or projected deficit, please identify the amount and discuss your reduction strategy.
9. Did the organization receive other Government assistance in the last two years? If yes, please indicated sources and amounts of funding.
10. Please specify how the financial assistance will be used if approved.
11. Does your organization meet the eligibility criteria as listed in the policy?

This application must be signed and dated by the President and Treasurer OR any two duly authorized signing Officers of the Organization.

Name: _____	Title: _____
Signature: _____	Date: _____
Name: _____	Title: _____
Signature: _____	Date: _____

\* *All applications must be received by September 1st of the preceding year.  
 In addition to the application, the applicant must submit the Post Grant Report for financial assistance that was received in the current year, if applicable.*