

# Municipality of Meaford

## Community Bursary Program Application Form



### Application Process

Please mail or email this completed application form to:

**Municipality of Meaford**  
ATTN: Clerk's Department  
21 Trowbridge St., Meaford, ON N4L 1A1  
Email: [csargent@meaford.ca](mailto:csargent@meaford.ca)

For information regarding the nomination process and eligibility requirements, refer to the Community Bursary Program Guidelines. Should you have any further questions, please contact Christopher Sargent, Council & Committee Coordinator at 519-538-1060 x 1100 or by email at [csargent@meaford.ca](mailto:csargent@meaford.ca)

**Nomination Form and Attachments Must be Received by 4:00 p.m. on  
May 17, 2019**

Late or incomplete applications will not be considered.

### Application Instructions

**Submit a completed and signed application form.** All applicants will be invited to make a short presentation regarding their application on **June 3, 2019**. Please ensure a member of your organization will be available to present. Staff will be in touch with further information upon receipt of your application.

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### Organization Information

<b>Organization Name</b>				
<b>Primary Contact Person</b>				
<b>Role with Organization</b>				
<b>Mailing Address</b>		<b>Phone</b>		
		<b>Email</b>		
<b>Alternate Contact Person</b>				
<b>Role with Organization</b>				
<b>Phone</b>		<b>Email</b>		
<b>Is your organization a registered charity, not-for-profit or volunteer based group?</b>			<b>Y</b>	<b>N</b>
<b>Charitable Number (if applicable)</b>				

### Bursary Request

<b>Funds Requested (anually)</b>	<b>\$</b>
<b>Name of event, program or service</b>	

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**How will any funding from the Municipality of Meaford be used?**

**How will the bursary result in an enhanced event, service or program for residents of the Municipality of Meaford?**

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<b>Has funding been requested from other sources besides the Municipality of Meaford? If yes, please indicate the amount and source.</b>	
	\$
	\$
	\$
	\$
	<b>Total</b> \$

### Declaration

**By submitting this form, the nominator affirms that the information set forth in this document is true and complete.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**