Community Events Stream Grant Application

1. Legal Organization Name:

2. Primary Contact Name for this application:

3. Secondary Contact Name (if applicable):

4. Primary email address:

5. Primary Phone Number:

6. Organization Type:

- ○ Registered
- ○ Incorporated Non-Profit
- ○ Unincorporated Community Group
- ○ Other:

Community Event

7. Event Name:

8. Event Description:

9. Event Start Date:

10. Event End Date:

11. Event Location:

12. Is this a recurring event?:

- ○ Yes
- ○ No

13. Describe the purpose and objectives of the event (including the community need that is being addressed)

Community Impact

14. Estimated Attendance:

15. Target Audience(s):

16. Describe the community benefits:

17. Accessibility measures:

Event Delivery

18. Event planning timeline (including key planning milestones.)

19. Describe considered safety and risk management measures:

Organizational Capacity

20. Governance Structure:

21. Delivery Capacity:

22. Sustainability Plan:

Financial

23. Total Program/Service Budget:

24. Financial Support Requested: (Note: Total combined municipal support (financial + in-kind) cannot exceed $10,000)

25. In-kind Support Requested: (Note: Total combined municipal support (financial + in-kind) cannot exceed $10,000)

Planned Recognition Methods

26. If approved, how will you recognize the City of Cornwall's

- ☐ City of Cornwall logo included on printed materials (poster, pamphlets, flyers)
- ☐ City of Cornwall logo included on digital materials (social media, website, email)
- ☐ On-site event signage acknowledging municipal funding support
- ☐ Verbal acknowledgment during events or public presentations
- ☐ Inclusion in press releases or media communications
- ☐ Acknowledgement in annual reports or program publications
- ☐ Other

Supporting Documentation:

27. Document Upload (Non-anonymous question):

Attach Document(s) View / Remove Document(s)

Final Declaration

28. I confirm that all information provided in this application is true, complete, and accurate to the best of my knowledge?:

☐ I agree

29. I confirm that I am authorized to submit this application on behalf of the organization:

☐ I agree

30. I acknowledge that all funding decisions are discretionary and subject to Council approval, available budget, and program eligibility criteria:

☐ I agree

31. I acknowledge that successful applicants must submit reporting on the use of funds as required by the Municipal Grants Program, and failure to do so may impact future eligibility:

☐ I agree

32. I confirm that all other funding sources (including municipal funding) for this initiative have been fully disclosed and that no duplicate funding has been requested for the same expense unless explicitly permitted under program guidelines:

☐ I agree

33. I consent to the City of Cornwall collecting, storing and sharing application information internally for the purposes of evaluation, reporting to Council, and program administration:

☐ I agree

34. Type your full name as an electronic signature confirming agreement to all declarations above:

Clear Application Submit Application