Senior Social Connection 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 Charity
- ○ Incorporated Non-Profit
- ○ Unincorporated Community Group
- ○ Other:

Senior Social Connection

7. Program Name:

Organizational Capacity

8. Governance Structure:

9. Delivery Capacity:

10. Sustainability Plan:

Financial

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

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

13. Budget Total:

Prior Year Outcomes

14. Seniors Served:

15. Outcomes summary:

Planned Recognition Methods

16. If approved, how will you recognize the City of Cornwall's Support?:

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

Supporting Documentation:

17. Document Upload (Non-anonymous question):

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

Final Declaration

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

- ○ I agree

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

- ○ I agree

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

- ○ I agree

21. 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

22. 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

23. 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

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

Clear Application Submit Application