



SCHEDULE A DONATION REQUEST APPLICATION FORM

Group/Organization Applying: _____

Address: _____

Contact Person(s): _____

Position(s): _____

Telephone or Email: _____

What type of donation is being requested?

Monetary Donation _____ "In-Kind" Donation _____

Donation value being requested: _____

How Will Funds Be Used?

Is Your Group Based in the Township of Bonfield? Yes _____ No _____

If no, how does your group support the residents of the Township of Bonfield?

Is Your Group Not-For-Profit organization? Yes _____ No _____

How Many Years Has Your Group/Organization Been in Operation? _____

What services or activities does your group provide to members of the Bonfield Community?

Describe in broad terms the principal objective of your organization.



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What other sources of funding are used by your organization to provide its services?

Are annual financial documents included with your application? Yes _____ No _____
If no, explain why.

If successful, describe how the Township of Bonfield will be given recognition for this donation:

Any additional information which you consider necessary for Council to make an informed decision?

By signing below, I declare that I have the authority to make this request.

Applicant Name (Print): _____

Applicant Signature: _____

Date of Application: _____

Don't forget to submit your event to officeclerk@bonfieldtownship.com to be included in our Community Events Calendar.

FOR INTERNAL USE ONLY:

Date application received by Township: _____

Date at Council Meeting: _____

Decision of Council: _____