



## **2025 TERENCE HAIGHT FINANCIAL ASSISTANCE PROGRAM GRANT APPLICATION GUIDELINES**

The Terence Haight Financial Assistance Program was established by the Town of Gravenhurst Council to provide financial assistance through the Terence Haight endowment to community groups and organizations that directly serve the residents of the Town of Gravenhurst.

### **Available Funding**

Up to \$25,000 may be awarded in grants annually.

### **Eligibility Criteria**

The following are eligible to apply. Non-profit community groups and organizations that:

1. Offer a service, program or activity that benefits Gravenhurst residents.
2. Demonstrates financial support from other sources e.g. ticket sales, membership fees, Provincial/Federal funding or community donations.
3. Clearly demonstrates the need for the specific request. Each request must identify a specific defined benefit and outcome.
4. Have accountability for public funds and organizational transparency demonstrated in a manner that is satisfactory to the Terence Haight Financial Assistance Committee.

### **Requirements**

1. Applicants must provide:
  - a. the prior year's financial statement information clearly showing revenues and expenses (if the organization was in operation during the prior year);
  - b. the current years' budget for the organization; and
  - c. a financial plan for the project/program being proposed showing how the funds will be used.
2. All other forms of assistance provided by the Town must be disclosed, and will be factored in, when grant applications are reviewed.

Examples:

- Free or subsidized use of Town facilities
- Discounted hours

- Promotional support
  - Funding/grants from other Town programs (e.g. the C.I.P.)
3. If an applicant has a financial surplus or reserve they must provide proof that it is designated for a specific purpose, otherwise, the amount of the surplus or reserve will be deducted from any grant consideration.

### **Ineligible for Funding**

1. Previous year's recipients that have not submitted a complete Post-Grant Evaluation Form by the required deadline.
2. A request for a grant to fund prior year deficits incurred by the organization.
3. Organizations which are profit oriented.
4. Applications to support political/religious activities.
5. Travel, accommodation, uniforms, personal equipment, rent (excluding municipal facilities), or debt repayment.
6. Attendance at conferences, workshops or seminars.
7. Purchase of land or buildings.
8. Costs incurred prior to the approval of a grant.
9. Organizations which have outstanding receivables or are part of any ongoing or potential legal matters with the Municipality.
10. Organizations in violation of Town by-laws and operating requirements.
11. Funding requests received after the application deadline.

### **Other Considerations**

1. Only one request per organization will be considered in a calendar year.
2. The granting of financial assistance in any year is not a commitment to, or a guarantee of, assistance in future years.
3. A grant request may be recommended to Council with specific conditions as the committee deems fit.

Completed applications with supporting documentation may be submitted via email to [jennifer.brockett@gravenhurst.ca](mailto:jennifer.brockett@gravenhurst.ca)

OR

dropped off at Town Hall at:

Tax Counter, Attn: Terence Haight Financial Assistance Program  
Town of Gravenhurst, 5 Pineridge Gate, Gravenhurst ON P1P 1Z3

**no later than December 16, 2024 at 4:00 p.m.**

**2025 TERENCE HAIGHT FINANCIAL ASSISTANCE PROGRAM  
GRANT APPLICATION FORM**

**Applicant/Organization:**

**2025 Grant Request Amount:**

**Total Cost of Project/Program/Initiative:**

**Contact Person (please provide name):**

**Mailing Address & Civic Address, if different:**

**Email Address & Telephone:**

**Check-list for attachments to your application form:**

- |   |            |
|---|------------|
| 1. Statement or evidence that you are you not a for-profit organization         | Select One |
| 2. List of current elected Board of Directors or proof of public accountability | Select One |
| 3. Prior Year Financial Summary of revenues and expenses                        | Select One |
| 4. 2024 Financial Plan for this project   | Select One |
| 5. Post Grant Evaluation Form submitted for last previous grant (if applicable) | Select One |

**What is the mandate of your organization?**

**Describe the specific project or initiative for which you are requesting a grant**

**What specific benefits will the project (if funded through this grant) provide to the Gravenhurst community? Please provide details on potential outcomes using more space if necessary.**

**What would be the result/impact of receiving a reduced amount?**

**Do you receive other forms of assistance (cash or in-kind) from the Town of Gravenhurst? If “Yes” please provide a brief description of this assistance.**

Yes  No

**DECLARATION**

I hereby declare that this application accurately represents the activities of the organization and meets the eligibility criteria and requirements for consideration for a Terence Haight grant.

Application Prepared By:

Signature:

Date:

Application Authorized By (Signing Officer for the organization):

Signature:

Date:

**Please note: Communication re. this application will be primarily via email.**