



Robin McDougall, Director of Community Services
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APPLICATION FOR CULTURE & RECREATION GRANT TOWN OF AURORA

TYPE: New _____ Renewal _____ For the Year _____

INSTRUCTIONS: Please complete this form and if additional space is required, use a separate sheet.

RETURN TO: Robin McDougall
Director of Community Services
Town of Aurora
100 John West Way
Box No. 1000
Aurora, Ontario L4G 6J1

1. **General**

a) Name of Organization:

b) Address:

_____ Postal Code: _____

c) Telephone:

2. **Officers of Association/Organization**

3. **Objectives/Functions/Programs of Association/Organization**

4. **Characteristics of People Served (age group etc.)**

5. **Geographic Area Served**

a) Percentage of members living in aurora.

6. **Financial**

a) Amount of grant requested:

b) Reason for grant:

c) List other sources of anticipated revenue:

(Please be sure to enclose current balance sheet and income statement)

d) Total Projected Budget:

e) Why do you feel public funds should be provided?

f) List other grant requests:

7. **Additional Information:**

Date

Signature