



Municipality of South Huron

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Community Grant Application Form

Please return application by September 21 of any given year to:
Sandy Becker, Financial Services Manager/Treasurer
Municipality of South Huron,
322 Main St S, P O Box 759, Exeter, Ontario N0M 1S6
(519) 235-0310

Name of Applicant/Organization/Service Club/Community Group:	South Huron Hospital Auxiliary				
Contact Person:	Shelley Bourne				
Position held in organization by contact person:	President				
Mailing Address:	284 Willis Way, Exeter, Ontario N0M1S2				
Telephone:	519-235-3476	Cell:		Fax:	
E-mail address:	snbourne@hotmail.com	Website:			
Specifics of Event/Project/Program requesting funds:	Spring and Fall Rummage Sales				
Total Project Budget:	\$3,464.78				
Amount of Funds requested from the Municipality:	\$2,944.78	(For in-kind requests please provide the monetary equivalent of the grant request)			
Have you applied to the Municipality for Funding in the past? If yes, please provide summary of request.	In 2016, and 2017, we applied and received grants.				
Applicants may present their funding request as a delegation to Council. Do you want to present your request to Council?	<input type="radio"/> Yes <input checked="" type="radio"/> No (if needed, yes)				
For Organizations/Service Clubs:					
Are you a non-profit Organization?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Charitable Registration Number (if applicable):					
Date of Incorporation (if applicable):					
Organization/Project/Event Budget – attach or complete page 4					

Grant Category and Description:

Please check the appropriate category & grant type:

- | | | |
|--|---|-------------------------------|
| <input type="radio"/> Youth/Senior Event | <input type="radio"/> Monetary | <input type="radio"/> In Kind |
| <input type="radio"/> Community Beautification | <input type="radio"/> Monetary | <input type="radio"/> In Kind |
| <input type="radio"/> Arts, Culture and Heritage | <input type="radio"/> Monetary | <input type="radio"/> In Kind |
| <input type="radio"/> Tourism Development | <input type="radio"/> Monetary | <input type="radio"/> In Kind |
| <input checked="" type="radio"/> Community Special Event | <input checked="" type="radio"/> Monetary | <input type="radio"/> In Kind |
| <input type="radio"/> Capital funding for a specific project | <input type="radio"/> Monetary | <input type="radio"/> In Kind |

Project Information:

Provide a brief description of the event, program or project. Include goals and timelines.

For many years, SHH Auxiliary has held spring and fall rummage sales to raise funds. We set up from Tues. morning until opening to the public on Wed. from 4:30^{pm} to 8:30 pm. The sale continues Thurs. 9am - 1pm with take down complete by 5p.m.

If this is not a new project or initiative, please describe how it will enhance your program or increase participation and/or volunteerism.

Each sale, we strive to have greater profit from our sales, to use towards capital budget purchases of equipment needed at SHHospital. Last sale, we had 1,800 volunteer hours!

What is the specific purpose that the grant funds will be used for?

The grant funds will be used to cover the rental of all areas of the Rec Centre: the hall in the fall the ice surface in the spring plus the kitchen and lobby.

For in-kind requests please provide details on type of request (ie materials, equipment or resources).

Indicate what other sources of funding is supporting this event, program or project.

Just Auxiliary funds raised by other fund raising, and gift shop sales.

Who will benefit from the purposed event, project or program (i.e. children, seniors, etc)?

All persons seeking healthcare at SHHospital.

Organization Details:

Provide a brief history of your organization, and indicate if it is incorporated as a non-profit organization.

We are non-profit and have existed since 1952. We provide South Huron Hospital with gift shop service, volunteers, fund raising, and good public relations in our community and surrounding areas.

Is your group able to issue charitable tax receipts on its own?

No

What are the general objectives/services of your organization?

To work in partnership with South Huron Hospital Association and the Foundation to provide service to our clients, and to contribute to enhancement of patient care.

In what geographical area does your organization operate?

South Huron and surrounding Huron, Perth, Lambton and Middlesex counties.

Do volunteers participate in your organization? If yes, indicate the number of volunteers and type of involvement?

We are all volunteers, with approx 225 persons working at the rummage sales, and/or gift shop. Also available at request of CEO to fulfill various roles

List the Executive Officers of your organization:

within the hospital.

Past President: Linda Marsden

President: Shelley Bourne

Vice President: Anne Helm

Secretary: Barb Fleet

Treasurer: Karen Dickins

Project Budget:		
Please provide or attach documentation if available		
Revenue Sources		
Applicant Contribution		
Grants	2017 - municipal grant	2,956.00
Donation/Sponsorships		
Fund-raising efforts		
Other Sources		
Total Revenue	approx.	25,000
Expenses		
Advertising and Promotion		\$140.00
Program Supplies		\$100.00
Entertainment		
Administration		
Salaries/Wages		
Facilities Rental		\$2,944.78
Prizes and Awards		
Other	food for volunteers	\$280.00
Total Expenses		\$3,464.78

Terms and Conditions:

In the event that a grant is awarded, the applicant agrees to the following:

- To provide a complete status report of the use of the funds within 60 days of the event, project or program completion.
- To provide a financial statement from the previous year from either the event or the organization.
- To acknowledge the support of the Municipality of South Huron in all printed material and through other promotional means.
- The funds will be used only for the purposes described in this application.
- To inform Council if the project is delayed or changed substantially for any reason.
- In the event that the project does not go forward, the applicant will return those funds granted for the proposed project.

Signature: Shelley Bourne Print Name: Shelley Bourne

Organization/ Service Club/Community Group: South Huron Hospital
Auxiliary

Date Submitted: Sept. 20, 2017.

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