



Sault Ste. Marie Airport Development Corporation

Request for Financial Assistance Form

____/____/____
Year -- Month -- Day

Legal Name of Organization: _____

Organization Mailing Address: _____

Postal Code: _____

Telephone Number (Day): _____

Email Address: _____

Website Address: _____

Application Contact Person: _____

Telephone Number (Day): _____

Is Organization Not-for-Profit: Yes No

Not-for-Profit Incorporation: Yes No

If Yes, Provincial Incorporation Number: _____

Charitable Organization Incorporation: Yes No

If Yes, Revenue Canada Number: _____

Is Organization part of larger Organization: Yes No

Name of Parent Organization: _____

Last Request for Assistance: Date: _____ Amount: \$ _____ Received: \$ _____

In-Kind Services Received: _____

Application Type: Cultural/Arts Organization Sport Organization Other

Purpose of Grant: Operating Project Special Event First Time Event

Please Describe: _____

Amount Requested: \$ _____

In-Kind Service Requested:

Submit the following required attachments with application:

- A. Financial Statement for last two fiscal years including Balance Sheet and Income Statement
- B. Operating Budget for current fiscal year
- C. Project Budget, where applicable
- D. Post Grant Report for previous year if grant was received
- E. For Incorporated Organizations, Articles or Letters Patent
- F. For Unincorporated Organizations, include copy of Constitution if available
- G. Publications, programmes and press articles.

1. List the names of the Organization's Board of Directors.

2. List the names of the Officers of the Organization.

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

3. Briefly describe the function or purpose of your organization (include mandate, goals and objectives).

4. List the names and titles of the contact staff of the Organization:

Name: _____ Title: _____

Name: _____ Title: _____

5. Total Number of Full-Time Staff _____ Part-Time Staff _____

6. Please append evidence of community support through fund-raising, earned revenue, and/or donations. Include number of members, volunteers, subscribers, attendance/audience

7. If application is for a Project or Special Event, please answer the following:
 - a. How many participants are expected?
 - b. How large an attendance/audience is expected?
 - c. Will there be a charge to participate?
 - d. Will there be a charge for attendance?
 - e. What areas (localities) do the activities, projects or special events reach?
8. If the Organization has an accumulated debt and/or projected deficit, please identify the amount and discuss your reduction strategy.
9. Please specify how the financial assistance will be used if approved.
10. Does your organization meet the eligibility criteria as listed in the policy?

This application must be signed and dated by the President and Treasurer OR any two duly authorized signing Officers of the Organization.

Name: _____	Title: _____
Signature: _____	Date: _____
Name: _____	Title: _____
Signature: _____	Date: _____

***Please allow up to three months for decision on request.**