



Facility Subsidy Request Form

Community Services Department

1. Applicant Information

Organization Name: _____

Type of Organization: Non-Profit School Charity Community Group

Other: _____

Contact Person: _____

Title/Role: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Website (if applicable): _____

2. Event or Program Information

Event/Program Name: _____

Description of Activity: _____

Facility Requested: _____

Dates and Times Requested: _____

Expected Attendance: _____

Percentage of Local Participants: _____

Age Group Served: Youth (0-19) Mixed Ages Adults (20+)

Is this event/program open to the public? Yes No

Has this event/program received a municipal subsidy in the past? Yes No

If yes, amount and year: _____

3. Subsidy Request Details

Type of Subsidy Requested: Facility Rental Fee Program Fee

Other: _____

Total Facility Rental Cost: \$ _____

Subsidy Amount Requested: \$ _____

Purpose of Subsidy: _____

How will this subsidy benefit local youth or the community?

Will additional funding or sponsorship be received? Yes No

If yes, list sources and amounts: _____

4. Supporting Documentation (if requested)

Please attach the following, if required by the Director of Community Services:

- Most recent financial statement or event budget
- Program schedule or outline
- Participant demographics summary
- Proof of non-profit or charitable status

5. Acknowledgement and Declaration

I hereby declare that the information provided in this application is true and complete. I understand that:

- Approval is subject to available municipal budget and Director's delegated authority under the Municipal Subsidy Policy.
- Approved subsidies may be adjusted or revoked if conditions are not met.
- A final report or proof of use may be requested following the event.

Name: _____

Signature: _____

Date: _____

Submission Instructions:

Email completed form to: **communityservices@thebluemountains.ca**

or submit in person to:

Town of The Blue Mountains – Community Services Department
32 Mill Street
Thornbury, ON
N0H 2P0

6. Office Use Only

Date Received: _____

Reviewed By: _____

Decision: Approved Denied Referred to CAO/Council

Approval Amount: \$ _____

Approval Type: Within Delegated Authority Council Approved

Notes/Conditions: _____

Director of Community Services (or Designate): _____

Signature: _____ Date: _____