

APPLICANT INFORMATION

Organization Name:

Address:

Telephone:

Fax:

Website:

Email:

CONTACT INFORMATION*(person completing application or how OAC will correspond with applicant)*

Name, Title:

Address: (Street, City, Province, Postal Code)

Email:

Telephone: (day)

Telephone: (evening)

LEGAL INFORMATION*(where applicable)*

Registered name of organization:

Status: Incorporated: (yes/no)

Date if incorporated: (d/m/y)

Charitable status: (yes/no)

Charitable registration #

Fiscal year end (d/m/y)

TERMS AND CONDITIONS

1. We have read the eligibility criteria and understand that our reporting requirements will be outlined in our letter of agreement.
2. We consent to release: Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, information on this form may be released on request.

AUTHORIZING INFORMATION

On behalf of, and with the authority of the above-mentioned organization, we certify that we have read and understand the terms and conditions set out above. Further, we certify that the information given is true, correct and complete in every aspect. By typing our names and email addresses in the box below, we authorize this Statement of Interest on behalf of our organization.

(Names and Email addresses must be of two duly recognized representative of the organization)

Name:	Email:
Name:	Email:

The organization has approved the **Statement of Interest** at its meeting on: (d/m/y) ____/____/____

You must submit 6 copies of your Statement of Interest to: Cultural Grants Review Committee
Oakville Arts Council
120 Navy Street
Oakville, ON L6J 2Z4

Deadline to submit: Friday, September 17, 2010 @ 4 p.m.

ORGANIZATIONAL ASSESSMENT & FUNDING REQUEST DETAILS
ORGANIZATION:
AMOUNT REQUESTED:
CATEGORY:
TYPE OF REQUEST:
EXPECTED TIMEFRAME - START DATE:
END DATE:
What is the purpose of your Organization? *(Mission or Vision) Do not exceed space provided*

Organizational Profile: <i>Fill in boxes where appropriate</i>	2009/10 <i>(Actual)</i>	2009/10 Total hours worked	2009/10 Total hours volunteered	Audience Impact: <i>(Estimate the attendance in the following)</i>	
<i># of Full-time Employees</i>				<i>classes / workshops</i>	
<i># of Part-time Employees</i>				<i>performances</i>	
<i># of volunteers</i>				<i>Exhibitions</i>	
<i># of members</i>				<i>Events</i>	
<i>% Oakville members involved</i>				Total	

What is the purpose of your funding request? How will the grant impact the quality of life in Oakville?
(Value proposition and impact on Oakville residents) Do not exceed space provided
In point form, what do you hope to achieve through this funding? Outline expected results (i.e. 5% increase to...)

2010/2011 Budget *(Project / Operating depending on request) – Budget should include 2011 Cultural Grant.*

Revenue (Item):	\$ CASH	\$ IN-KIND	Expense (Item):	\$ CASH	\$ IN-KIND
<i>Grants – Town of Oakville (request)</i>			<i>Administration</i>		
<i>Ontario Trillium Foundation</i>			<i>Rent</i>		
<i>Ontario Arts Council</i>			<i>Salaries / Fees</i>		
<i>Oakville Community Foundation</i>			<i>Programming & Services</i>		
<i>Sponsorship / Donations</i>			<i>Communications</i>		
<i>Membership</i>			<i>Production</i>		
<i>Ticket Sales / Subscriptions</i>			<i>Events</i>		
<i>Other</i>			<i>Other</i>		
Total			Total		
<i>Specify Other Revenue</i>			<i>Specify Other Expense</i>		
Excess of Revenues / (Expenditures)					

Please provide a brief explanation of any profit or loss exceeding \$1,000