

**THE MUNICIPALITY OF MIDDLESEX CENTRE**

10227 Ilderton Road R.R. #2  
Ilderton, Ontario N0M 2A0  
Tel: 519-666-0190 Fax: 519-666-0271

**GRANT APPLICATION**

Name of Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Type of Grant:**

**Grant-In-Kind**

Facility/Service: \_\_\_\_\_

Amount: \_\_\_\_\_ Date of Event: \_\_\_\_\_

**Cash Grant**

Amount: \_\_\_\_\_

**Purpose of Grant:** \_\_\_\_\_  
(please attach additional information and details as required)

**Mandate/Purpose of Organization:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Program/Event:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To which service area does the organization provide services:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_