

# Financial and In-Kind Assistance Application Form

## Saving your application to complete later:

You can save your progress and complete the application at a later date by clicking the save button located at the end of the application form. An email will be sent with a link to your application in progress each time it is saved.

## Submitting your completed application:

Once your application is submitted, an email will be sent to the email provided in this application. The email will include a PDF copy of your completed application.

## Part A – First Stage Evaluation

Municipal grants are intended to provide modest levels of support and assistance to eligible organizations.

**Please complete this checklist to confirm your eligibility. (All boxes must be checked to be eligible and proceed to the next stage); \***

- The organization is a non-profit organization and/or charitable organization
- The organization operates within the City of Clarence-Rockland.
- This grant application pertains to a future initiative. (Retrospective funding is not considered).
- The grant will be spent during the current fiscal year and must be used for the sole purpose for which it was approved.
- This proposed initiative/activity will benefit the entire community of the City of Clarence-Rockland in an inclusive manner.
- We understand that the available amount in a calendar year is \$5,000 (monetary and in material and technical support, as determined by the Committee).
- We understand the reporting requirements that must be fulfilled by the last Friday of October in the year the grant was approved.
- We have liability insurance.
- We understand that additional documents may be requested (see list of documents in Financial Aid Section).

# Municipal Grants Program 1

## Part B - General Information

**B.1 - Contact name :** \*

Richard Campeau

**B.2 - Organization name :**

Terry Fox Foundation

**B.3 - Event name :** \*

Course/Marche Terry Fox Run 2025

**B.4 - Mailing Address (including Apt/Unit)**

10 rue Marquette

**B.5 - City:**

Rockland

**B.6 - Postal Code:**

K4K 1K7

**B.7 - Website :**

<https://fr.terryfox.ca/92934>

**B.8 - Telephone:**

6138580878

**B.9 - Extension**

**B.10 - Email \***

richard.mvp@videotron.ca

**B.11 - Is the initiative/activity for which you are applying emerging? (Existing for 3 years or less) \***

Yes

No

**B.12 - How many volunteers support your organization? Does this number of volunteers fulfill your organizations needs?**

20-25

**B.13 - How many members does your organization currently have?**

4

**B. 14 - What is the mission and primary objective of your organization?**

Raise awareness and funds for the Terry Fox Foundation (Cancer Research)

**B. 15 - How does/will the Clarence-Rockland community benefit from your organization's presence in the community?**

Hopefully will save life for people battling cancer.

**B. 16 - Programs offered by your organization are primarily serving which demographic?**

- Children (below the age of 13)
- Youth (between the ages of 13-24)
- Adults (between the ages of 25-54)
- Senior Adults (55 years of age and older)

**B. 17 - What are the targets you wish to achieve through this initiative?**

In 2024 it was our first year organizing this event in Rockland since probably 25-30 years prior. We estimate approx 250 people participated in the event the day of. And total funds raised by Rockland in the 2024 campaign was \$7,310.

**B. 18 - How will you evaluate and measure these targets and outcomes? (check all that apply)**

- Participant survey
- Reviews from local media
- Feedback from social media site
- Track increase/decrease in membership
- Track increase/decrease in participation
- Track increase/decrease in volunteerism
- Analyze budget
- Other

**B. 19 - Please indicate what other sources of funding have been obtained or for which a request has been submitted:**

- Federal Government
- Provincial Government
- Municipal Government
- Regional Government (ie. United Counties of Prescott-Russell)
- Fundraising Events
- Donations
- Other
- N/A

**B. 20 - Please provide details and amounts.**

This event is organized 100% solely on donations. Anything required to organize the event must be donated, and 100% of funds collected go to the Terry Fox Foundation.

**B. 21 - Do the goals and activities of the organization fall within at least one of the four charitable objectives categories? If so, which category is it?**

- Alleviation of poverty
- Advancement of education
- Advancement of religion
- Any other charitable purpose beneficial to the community \*specific examples

**B. 22 - Has the organization been providing community charitable services consistent with its primary objectives for at least one year? \***

- Yes
- No

**B. 23 - Has the organization been in existence for at least one year and can it demonstrate that it has engaged in charitable activities throughout the year? \***

Yes

No

**B. 24 - Does the organization have an establishment in Ontario? \***

Yes

No

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## PART C – Financial Aid

### Cost of the Initiative/Financial Information

Please note the following:

Should full financial support not be recommended for your proposal, it will be helpful to know which items you view as the most critical part of your request. List your requests for funding below in order of priority.

Organizations may request up to a maximum of \$5,000 (total combined benefit funding and in-kind). In-kind services do not include Permits, Police Services or Paramedic Services.

If you require assistance in calculating the estimated costs of in-kind service requests please contact us by email at [finance@clarence-rockland.com](mailto:finance@clarence-rockland.com) or by phone at 613-446-6022, 2205.

You may be required to provide one or more of the following documents:

- A copy of your budget for the previous year.
- A copy of your proposed budget for the current year.
- A list of executive committee/organizing committee or board of directors members, including names, city of residence, phone numbers, and years of service on the committee.
- Your audited financial statements (signed by 2 directors). \*Note: For emerging organizations (less than 3 years), please attach unaudited financial statements from the previous year.
- Proof of liability insurance.
- A copy of the charity registration notice provided by the Canada Revenue Agency, along with any document indicating the status of the applicant and registration terms.
- Copies of charity income statements submitted to the Canada Revenue Agency for the previous calendar year.

#### C.1 - Are you requesting Financial Funding? \*

- Yes  
 No (If this box is checked, please go to Part D)

#### C.2 - Total amount of requested funding

500

**C.3 - How will your organization be affected if the grant is not approved or if a reduced amount is granted?**

We will need to search for donations elsewhere.

**C.4 - Is the allocation of administrative costs limited to more than 30% of our expenses? (No more than 30% of your expenses can be allocated to administrative costs.)**

No

**C.5 - This grant application is considered the primary source of funding for our organization:**

- Yes, it is considered the primary source of funding.  
 No, it is not considered the primary source of funding.

**C. 6 - Describe what you are seeking funding for and how you would specifically use the grant. If this initiative is related to an event(s) please provide the date(s) of the event(s).**

Every year signs need to be printed (for advertisement of the event).  
If we obtain this money this year, we would also like to add activities at the parc during the event for the kids...  
inflatable structures, ballons, food and drinks (for participants), etc...

**C. 7 - Who will directly benefit from this grant request? (include the estimated number of beneficiaries)**

250-300 participants

**C. 8 - How will this grant funding aid your organization and the intended beneficiaries? (What changes or improvements will members, participants, or volunteers experience?)**

Since we are only at our second year organizing this event and still trying to attract more participants, this grant money will make the event bigger and more memorable... therefore raise more money for cancer research for this year and years to come.

**C. 9 - Please indicate what other sources of funding have been obtained or for which a request has been submitted:**

- Federal Government
- Provincial Government
- Municipal Government
- Regional Government (ex. United Counties of Prescott and Russell)
- Charity Event
- Donations
- Other
- N/A

**C. 10 - Please provide details and amounts.**

This event is funded solely on donations... there is zero budget to put together and organize.

**C,11 - Please provide a report showing how the money will be used (e.g. activity budget, expense report, etc.).**

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## Part D – In-Kind Assistance

D.1 - Are you requesting In-Kind Assistance?

Yes

No

**If selected YES, please complete the following : :**

### Material Support :

Round Tables (maximum 10)

Picnic tables (wood only) : (maximum 4)

Folding tables (plastic) : (maximum 40)

Chairs : (maximum 20)

Barricades (yellow - recreation) : (maximum 15)

Trash cans (45 gallons - blue) : (maximum 10)

Orange cones: (maximum 10)

Black risers : (maximum 8)

Sound system and microphone :

Banners:

Podium :

Other :

### Technical Service

What type of technical services is requested ?

Invitation to Mayor :

Yes

No

Mayor's Speech :

Yes

No

Invitation to Municipal Council Members:

Yes

No

**Message :**

**Employees present during activity :**

- Yes
- No

**If yes – Please indicate the numbers of employees requested**

**Date of activity :**

9/14/2025 

**Time of activity**

08:00 AM 

**Please attach any additional information to support your request :**

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## Part E - Confirmation of authorized representative(s).

### E.1 - Authorization

- I have reviewed the entire request, and all information provided is true and accurate to the best of my knowledge and understanding.
- I am authorized to sign on behalf of this organization.

### E.2 - Name and title of the signing representative submitting this request for the Municipal Grants Program on behalf of your organization.

Richard Campeau

# Thank You

You will receive an email confirmation that includes a PDF copy of your completed application. Applications are reviewed by the Municipal Grants Committee.

Applicants will be notified of the decision of the Committee.

Notice of Collection - Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to) your name, contact information, and any comments, is collected and will be used in accordance with MFIPPA and all other relevant privacy laws. All information received will only be used by City staff for the purpose it is collected. Questions regarding the collection, use, and disclosure of your personal information should be directed to the City Clerk, 1560 Laurier St, Rockland ON, K4K 1P7, 613-446-6022, ext. 2300, [mouellet@clarence-rockland.com](mailto:mouellet@clarence-rockland.com).