

2024 EMSF Application for Financial Assistance

Grant applications may be submitted by March 1, 2024.

The Elmira Maple Syrup Festival's goal is to offer a family friendly, volunteer-led festival to celebrate Elmira's history as a maple syrup producing community through a blend of traditional and innovative events that attract guests from across Ontario and beyond. We want to present the best one-day Spring Festival in Ontario that honours our host of volunteers; supports local non-profit organizations; respects the environment; and partners with the maple syrup producers, downtown businesses, and the local community to make the Elmira Maple Syrup Festival a must attend event each and every year.

Neither the receipt of an application form nor the receipt of grant funds in previous years ensures approval for future grants.

Completed grant applications for funds from the current Festival must be received at the office of the Elmira Maple Syrup Festival Committee **no later than 5 pm on Friday March 1, 2024.**

Elmira Maple Syrup Festival

Attention: Matt Jessop (Grant Applications)

PO Box 158, 24 Church Street West, Elmira, ON N3B 2Z6

Or e-mail: info@elmiramaplesyrupfestival.com

A. Name and Address of Applicant Organization:

Name				
Address				
City/Town	Province		Postal Code	
Contact		Title		
Phone (incl. area code)	 Email			
Applicant Organization was forme	d in (year) an	nd is:		
Check one				
Not-for-profit or	rganization			

		A regis	stered Ch	arity					_ (please provide registration number)	
		Other	(describe	e)						
Has this	organizat	tion pre	viously a	pplied fo	r a grant	from Elr	mira Ma	ole Syrup	p Festival?	
		Yes	□ No)						
B. Orga	anizatio	n Pur _l	pose an	d Oper	ation:					
i.	Please i	ndicate	the cate	gory whic	ch best d	lescribes	your or	ganizatio	on:	
	Г] Recre	eation &	Leisure		□ c	ultural (arts, drar	ma, music)	
] Youth	h Prograr	ns	☐ Ad	dult Prog	grams			
		☐ Socia	l Assistar	nce – hel _l	p to lowe	er incom	e, disabl	ed, disac	dvantaged Other (describe):	
ii.	Annuall	y, how i	many peo	ople bene	efit direc	tly from	your org	ganizatio	on?	
iii.	iii. How many of these are residents of Woolwich Township?									
iv.	this ben	nefits the	e residen	ts of the tion <i>(Plea</i>	Townshi	ip of Wo that bro	olwich. chures, l	If this is	and activities it provides or conducts and how your first application, please provide a brief , or extensive annual reports are not necessary).	•

v. Does your group or organization help with Elmira	Maple Syrup Festival?			
□ No □ Yes.				
vi. If Yes: Please provide short description of how your organization helps.				
	ny?			
C. Governance: Name and address (city) of your				
President:				
Secretary:				
Treasurer:				
Chief Operating Officer:				
D. Financial Information:				
i. Annual budget: Expenses \$	Income \$			
ii. Amount received from government sources	\$			
iii. Fees or Dues from members, participants, clients	\$			
iv. Amount received from related organizations	\$			
v. Other Income	\$			
E. Financial Assistance is being requested for:				
i. Operating Funds – for use in day-to-day operatio	n of organization:			
\$				
ii. Capital or Special Project Funds – one-time exper	nse:			
_				

Please tell us how your organization will make good	I use of any funds received from EMSF:
Have you applied for other grants or funds for these	e same items? If yes, please provide details:
Please provide details of any funds your organization	n donates to other organizations, groups or individuals:
F. Certification:	
I	_ am authorized to provide this information on behalf of
(Your name)	
	, and certify that it is true, correct and complete.
(Name of organization)	
Signature	 Date