



MUNICIPALITY OF CALLANDER DONATIONS PROGRAM

PURPOSE

The purpose of this policy is to allow various volunteer groups, organizations and businesses to request a donation from the Municipality of Callander. This program is being implemented in order to provide a program that is open, transparent and fair to all organizations. Due to budgetary constraints, a limited amount is dedicated to donations on a yearly basis, and thus requests need to be reviewed during the budgetary process to evaluate their feasibility. This program does not promise all donation requests will be met.

METHOD

All those requesting donations will be required to fill out a Donations Program Applications Form. (attached)

These forms must be submitted prior to December 31st each year for consideration in the next budget year.

The donation requests will be reviewed by Council and the Treasury Department and evaluated accordingly. Applications will be evaluated on a case by case basis and after reviewing the contribution the donation will have on the Municipality.

The donation program yearly limit will be determined during the budget process.

Those applications that are not successful for donation in the coming budget year may be re – submitted in another year. However, there are no guarantees of favourable consideration.

The Donations Program will be limited to groups/organizations which:

- Provide and promote programs for youth in the community;
- Provide and promote community safety in the community;
- Provide a significant contribution to the quality of life for the ratepayers of the Municipality of Callander

WHERE TO SUBMIT

Applications for the Callander Donations Program are to be submitted to the attention of the Treasurer, Municipality of Callander, 280 Main Street North, PO Box 100, Callander, ON P0H 1H0.

LIMIT OF MUNICIPAL FUNDING

Individual donation requests should not exceed \$500.00 per application.

COUNCIL EVALUATION CRITERIA

Council has established 3 criteria to evaluate donation requests:

- a) efficiency (how important is the Municipal contribution/are there other funding sources being applied for);
- b) effectiveness (which of the 3 groups will the donation assist);
- c) equity (is this group seeking funding assistance from others?)



THE MUNICIPALITY OF CALLANDER DONATIONS PROGRAM

Name of Organization: _____

Address: _____

Contact Person: _____

Address of Contact Person: _____

Statement of Goals & Objectives of your Organization:

Amount Requested: \$ _____ (\$500.00 Maximum)

Purpose of Donation: (Which groups in the community will benefit from the donation?)

Has your organization requested assistance in the past? (Y/N) _____

If yes, previous amount requested: _____ Amount received: _____

Is your organization requesting assistance from others? (Y/N) _____

If "yes", are you requesting assistance from other government agencies? (Y/N) _____

Signature

Date

*APPLICANTS WILL BE NOTIFIED IN WRITING OF THE DECISION ON THEIR APPLICATION WITHIN 2
WEEKS OF PASSING OF THE ANNUAL MUNICIPAL BUDGET.*