Cemetery Grant Program Application Form:

Requirements and Guidelines

It is important to read the Cemetery Grant Program Policy before completing and submitting your Cemetery Grant Program Application to the Township.

| 1. Name of Cemetery Group of Association: * | | | | |
|--|------------------------------|---|--|--|
| | | | | |
| 2. Year of Application: * | | | | |
| | | | | |
| 3. Is this the first year to ☐ Yes ☐ No | request a Cemetery Gran | nt? * | | |
| If yes, please include all do | cumentation requested in it | rem number 12 below. | | |
| 4. Cemetery Representative Name: * | Phone Number: | Email: * | | |
| 5. Mailing Address for Co | emetery Grant Payments: | * | | |
| 6. Year cemetery establish | shed (optional): | | | |
| | | | | |
| 7. Total Maintained Land | Area: (Number of acres | or lot size): | | |
| | | | | |
| 8. Is the cemetery registe BAO Registration Numb | | nt Authority of Ontario (BAO)? If yes, provide your | | |
| | | | | |
| 9. A member of the Exec | utive is required to attest | to the following: | | |
| 9.1 A current bank accou | unt is held specifically for | r use by the cemetery group or association: Initials: * | | |
| | | | | |

| 9.2 Please provide the name of Financial Institution: * | | | | | |
|--|--------------------------|---|--|--|--|
| | | | | | |
| 9.3 There are two signing authorities on the bank account: Initials: * | | | | | |
| | | | | | |
| 9.4 There is a current list of members of the association: Initials: * | | | | | |
| | | | | | |
| 9.5 All procurement was | s done to ensure best va | alue for dollar spent: Initials: * | | | |
| | | | | | |
| • | December 31st bank stat | en spend, provide proof that funds are still in the bank account ement, or a cemetery representative must attest to the fact | | | |
| Initials: | | | | | |
| | | | | | |
| 10.1 Identify what the u | nspent cemetery grant f | unds are being held for: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name & Position of Person Making Attestations: * | Signature: * | Date: * | | | |
| | | | | | |
| | | | | | |
| 11. Identify the propose | ed use of the cemetery g | rant requested: * | | | |
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| | | | | | |
| | | | | | |

- 12. If this is the first application for the Cemetery Grant Program from your cemetery group or association, the following items must be included with the application:
- (a) Copy of bank statement dated December 31 or if account only recently opened, copy most recent statement;
- (b) List of all members of the cemetery group or association, including positions;
- (c) A copy of the minutes creating the association or other appropriate establishing documentation such as constitution by-law, etc.

| File Upload | | |
|------------------|-----------------------|--------|
| 13. Executive: | | |
| President Name * | President Signature * | Date * |
| Treasurer Name * | Treasurer Signature * | Date * |
| Secretary Name * | Secretary Signature * | Date * |