



MUNICIPALITY OF SOURIS-GLENWOOD

BY-LAW NO. 78-2025

Municipality of Souris-Glenwood

Recreation and Community Facility Financial Assistance Program

Section 1 – Applicant Information

Name of Organization: _____ Business #/CRA #: _____

Mailing Address: _____

Contact Person & Title: _____

Phone Number: _____

Email Address: _____

Type of Organization (check one):

Non-profit Corporation

Community Club / Association

Other (please specify): _____

Section 2 – Facility Information

Name of Facility: _____

Location/Address of Facility: _____

Type of Facility (e.g., golf course, arena, hall, park): _____

Ownership of Facility: Organization-owned Leased Other: _____

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Section 3 – Assistance Requested

Form of Assistance (check all that apply):

Grant

Loan

Other (e.g., fee waiver, tax credit): _____

Amount Requested: \$ _____

Purpose of Funds:

If Loan Requested:

Proposed Repayment Term (years/months): _____

Proposed Security/Guarantee (if any): _____

Section 4 – Financial Information

Total Project Cost (if applicable): \$ _____

Other Sources of Funding (list amounts & sources):

Organization's Annual Operating Budget (most recent year): \$ _____

Please attach:

Most recent financial statements (audited or reviewed if available)

Current budget for operations and/or project

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Section 5 – Community Benefits

Describe how the requested assistance will benefit the community:

Approximate number of users/participants served annually: _____

Does your organization provide programs accessible to all residents?

Yes No (please explain): _____

Section 6 – Declaration

On behalf of the above-named organization, I hereby declare that the information provided is true and accurate to the best of my knowledge, and I acknowledge that Council may impose conditions on any financial assistance granted.

Signature of Authorized Officer: _____

Name & Title: _____

Date: _____

Signature of Authorized Officer: _____

Name & Title: _____

Date: _____