Submit Original to:

Municipality of Clarington
Financial Services Department
40 Temperance Street
Bowmanville, Ontario
L1C 3A6
finance@clarington.net

Submission Deadline: Friday, September 8th, 2023

Please Print or Type

Please Complete All Areas

Organization Information

| Organization Name | Address | Telephone # |
|--------------------------|----------------------|--------------|
| | 20 King Ave W | |
| Newcastle Community Hall | Newcastle On L1B 1H7 | 905 987 5234 |

Contact Information

| Name | Email | Telephone # |
|----------------|----------------------------------|--------------|
| Gabrielle Bell | communityhallnewcastle@gmail.com | 905 213 4628 |

Officers for current year

| Position | Name | Contact Information |
|-----------|-----------------------------------|---------------------|
| President | Chair – Crystal Yaki | 905 441 2911 |
| Secretary | Gabrielle Bell (not board member) | 905 213 4628 |
| Treasurer | Gabrielle Bell (not board member) | 905 213 4628 |

| Is your Organization incorporated as non-profit? | Yes | | No⊠ |
|--|--|---------------------------|-------------------------|
| If yes, when? (dd/mm/yy) | - Agricultural de Contractor d | | |
| Is your Organization based within the Municipality of Clarington? | Yes | \boxtimes | No□ |
| Is your Organization based within the Region of Durham | Yes | | No□ |
| List the programs/services provided by your Organization: | | | |
| As per the Massey Will the Newcastle Community Hall is a community. We are currently home base to Newcastle Lior EarlyOn Programming, Newcastle Historical Society, Soper Association, Durham Masonic Lodge, Newcastle Bowling A hall is permitted to the public for fundraisers, celebrations, we meetings, etc. We also have 2 meeting rooms available for | ns Club Valley ssocia weddin | o, YMC Mode tion. T | A I Train he main |
| | | | |
| | | *, | |

| • | |
|--|--|
| What is the total program registration or a | association membership in your Organization? |
| | |
| What percentage of your registration or r | nembership are Clarington residents? |
| Describe how the program/services provices provices provices of Municipal funding. | ided by your Organization will benefit as a |
| 100 year old historic building owned by the continue to maintain the structure so that | day operation costs of the hall. As this is a ne Municipality of Clarington it is important to it continues to be available to the community strives to increase rentals to cover the cost of not been possible. |
| | |
| | |
| What funding category does your Organization fall into? | ☐ Recreation & Leisure ☐ Civic |
| | □ Social |
| | Boards of Council / Hall Boards |
| | |
| 2024 Request (insert dollar figure) | \$35,000.00 |
| 2025 Request (insert dollar figure) | \$39000.00 |

| 2026 Request (insert dollar figure) | \$39000.00 |
|-------------------------------------|------------|
| 2027 Request (insert dollar figure) | \$39000.00 |

| If you are requesting an increase in the municipal grant for 2024, please indicate the reason for the increase. | |
|---|-----------------|
| If you are requesting an increase in the municipal grant for 2025, please indicate the reason for the increase. | Increased costs |
| If you are requesting an increase in the municipal grant for 2026, please indicate the reason for the increase. | Increased costs |
| If you are requesting an increase in the municipal grant for 2027, please indicate the reason for the increase. | Increased costs |

| Has your organization made a previous | | |
|---------------------------------------|-------|-----|
| request for a Municipal grant to the | (Yes) | No□ |
| Municipality of Clarington? | | |

If yes, please complete the following:

| Agency | Year | Requested | Received |
|--------------|------|-----------|----------|
| Municipality | 2023 | 35000.00 | 35000.00 |
| Municipality | 2022 | 45000.00 | 45000.00 |
| Municipality | 2021 | 71700.00 | 71700.00 |
| Municipality | 2020 | 20000.00 | 20000.00 |

| Has your organization requested funding in | | |
|--|-----|------|
| the last 12 months from any other Municipal, | Yes | (No) |
| Provincial or Federal department or agency? | | |

If yes, please complete the following:

| Agency | Year | Requested | Received |
|--------|------|-----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Terms and conditions

- In the event that the funds allocated are not used for the services, event or
 project as described in the application, or if there are misrepresentations in the
 application, the amount of the financial assistance will be payable forthwith to the
 Municipality.
- 2. The applicant will make or continue to make attempts to secure funding from other sources, external to the Municipality of Clarington.
- 3. The applicant will keep proper books of accounts of all receipts and expenditures, relating to the services, event or project described in the application.
- 4. The applicant will retain and make available for inspection by the Municipality or its auditors all records and books of accounts of the Organization upon request from the Municipality, (which may be made within two years of the grant award).
- 5. If the recipient is an arms-length agency, the Grant Recipient shall indemnify and hold harmless the Municipality of Clarington against any claims, costs, causes of action, fines or any other losses or other penalties the Municipality of Clarington suffers related to the giving and usage of the grant to the grant recipient.

Declaration of Organizations' Executive

We certify that, to the best of our knowledge, the information provided herein is an accurate and complete and is endorsed by the Organization, which we represent and accept conditions as noted in this application.

| Name | Title | Date | Signature |
|------------------|--------------|------------|-----------|
| Crystal Yaki | Chair | Sept-25/2 | B Cyaxi |
| Barry Carmichael | Board Member | SEDT 25/23 | Blufal. |

This Application must be signed by two (2) Members of the Executive.

Budget Information

Please complete, in detail, the attached form. Also include a copy of the most recent statement of revenue and expenditures and statement of Assets/Liabilities (balance sheet), for the most recent fiscal year.

Please return application form to:

Financial Services Department Municipality of Clarington 40 Temperance Street Bowmanville, Ontario L1C 3A6 (905) 623-3379 ext. 2601 finance@clarington.net

Budget Information

| Revenue | 2027 | 2026 | 2025 | 2024 | 2023 |
|-------------------------------|------|------|------|------|------|
| Grants – Federal / Provincial | | | | | |
| Municipal Grant | | - | | | |
| Memberships | | | | | |
| Registrations | | | | | |