



MUNICIPALITY OF  
**GREENSTONE**

## MUNICIPAL IN-KIND SUPPORT REQUEST

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Organization:       Registered Charity       Non-Profit  
 Other: \_\_\_\_\_

Governed By:       Executive       Committee  
 Other: \_\_\_\_\_

Purpose of Organization:

Event:

Date(s) of event:

Is the event and/or services open to all members of Greenstone?       Yes       No  
If not, please explain:

Are there other sources of funding?       Yes       No  
If yes, please list:

P O Box 70    1800 Main Street, Geraldton, ON    P0T 1M0, Canada    807-854-1100

**NATURE'S HOME TOWN**





**In-Kind Support requested from the Municipality:**

Free or reduced cost for use of Municipal Facility (please list location and area(s) requested):

Ward: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Area(s): \_\_\_\_\_  
Date(s) and Time(s) requested: \_\_\_\_\_

**Use of Municipal Outdoor Property**

Ward: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Area(s): \_\_\_\_\_  
Date(s) and Time(s) requested: \_\_\_\_\_

Tables (# required and dates) \_\_\_\_\_  
Chairs (# required and dates) \_\_\_\_\_  
Staff Support (reason and # of hours) \_\_\_\_\_

Other Relevant Information:

**Please include the following with your request:**

- Agenda of activities
- Detailed event budget
- List of executive/committee members





**If approved, the following information will be required if relevant:**

- Certificate of Insurance
- Liquor license - PAL (Party Alcohol Liability Insurance) (If alcohol is being served)
- Confirmation of Smart Serve (If alcohol is being served)
- Confirmation of Safe Food Handling (If food is being prepared on the premises)

All Municipal facilities must be staffed during any use unless a long-term lease agreement is in effect.

The rental/use of tables and chairs does not include set up.

Public recognition must be given to the Municipality as per the Grants and Resource Allocation Policy on advertisements for the event. This is to ensure transparency to taxpayers regarding the use of tax dollars (the amount does not have to be mentioned). An approved jpeg or pdf of the Municipal logo will be made available.

Application submission does not guarantee approval. Approval is based on assessed need, compliance with council policy, and staff and resource availability.

I declare that the information provided to the Municipality of Greenstone on this form is true and accurate to the best of my knowledge and that I am authorized to submit the application on behalf of the Organization.

\_\_\_\_\_

Applicant Name

\_\_\_\_\_

Date

By typing my name above I consent to digitally signing this form.

The information provided is collected under the Municipal Freedom of Information and Protection of Privacy Act and will only be used for the purpose specified.

