



# Community Grants Application Form

The Township of Mapleton supports the efforts of many not-for-profit and charitable organizations each year through the Community Grants Program.

This Program is administered by the finance team, in consultation with other Township staff and the Parks and Recreation Committee. The program operates under the guidelines of the Council approved [Community Grants Policy](#).

There are five (5) types of grants available within the Community Grants Program.

- Municipal Grants
- Operating Grants
- “In-Kind” Grants
- Capital Grants (formerly 50/50 Grants)
- Athletic and Cultural Grants

**This application form is for three (3) streams: Municipal Grants; Operating Grants and Capital Grants.**

Please complete all sections of this form. Incomplete applications may not be considered. Attach additional documentation as required.

Submit the completed form to [grants@mapleton.ca](mailto:grants@mapleton.ca) prior to **January 30th, 2026 at 5pm** to be considered for the second intake of our 2026 Municipal Grants Program.

**\*\*NOTE** If applying for an Athletic / Cultural Bursary please complete separate application form accessible on our website <https://mapleton.ca/services/budget-and-finance/grants>

# Applicant Information

The following information is requested to determine eligibility for the Township of Mapleton’s Municipal Grants Program.

**Name of Organization**

**Organization Address**

**City / Town**

**Postal Code**

**Primary Contact**

**Position**

**Email Address**

**Phone Number**

**Chairperson Name**

**Chairperson Email Address**

**Treasurer Name**

**Treasurer Email Address**

**Executive Director Name**

**Executive Director Email Address**

## Organization Information

Please provide answers to the following questions regarding the applicant organization or voluntary group.

Note: you may be requested to provide proof of this information in the form of board approved financial statements and/or budgets.

**Mission and/or Vision (If formal statement does not exist, briefly describe purpose of organization)**

**Areas of Operation (List where operations / event is conducted)**

**Use of Volunteers (Briefly describe your organizations use of volunteers)**

**Priority Justification: Indicate why you feel Public Funds should be provided to your organization**

## Funding Stream

Please indicate which funding stream this application pertains to:

**Municipal Grants**

**Operating Grants**

**Capital Grants (formerly 50/50)**

## Project / Initiative Information

**Description of Project / Initiative (Briefly indicate the scope and objective of the project and who will benefit)**

**Strategic Fit (Indicate how your initiative or organization is aligned with the [Township's Strategic Plan](#))**

**Recognition (If approved, how does organization plan to acknowledge the contribution from the Township of Mapleton)**

**Please describe any current or planned fundraising activities of your organization**

## Financial Information

**Total Cost of Project / Initiative**

**Total Funding Requested**

**Annual Gross Revenues**

**Annual Gross Expenditures**

**Annual Surplus / Deficit**

**Cash Balance (Current + Long-Term)**

**External Funding (Indicate any funding applications for this project / program submitted to other government agencies)**

**Has organization applied to the Community Grants Program in the past?**

**Please note any supporting documents (Financial Statements, Marketing Materials, etc.) attached to this application.**

## Evaluation Criteria

The evaluation team may consist of staff and/or the Parks and Recreation committee depending on the stream of the funding application.

All applications will be consistently evaluated on the following criteria:

### Strategic Alignment

5 – Exceptional	Project demonstrates a strong and direct alignment with all key strategic goals and priorities of the funder.
4 – Strong	Project aligns well with most strategic priorities of the funder.
3 – Adequate	Project somewhat aligns with strategic goals but lacks depth or clarity.
2 – Weak	Weak, limited or unclear alignment with strategic goals
1 – Inadequate	No meaningful alignment with funder’s mission or strategic goals

### Community Need

5 – Exceptional	Demonstrates a compelling, urgent, and well-documented community need.
4 – Strong	Demonstrates a clear and well-supported community need.
3 – Adequate	Demonstrates a general community need, but with limited detail or support.
2 – Weak	Community need is vaguely defined or lacks supporting evidence.
1 – Inadequate	Fails to demonstrate a meaningful community need.

### Level of Duplication

5 – Exceptional	No duplication, the project is entirely new or introduces an innovative approach that is not currently available in the community
4 – Strong	The project shares some conceptual similarities with existing Township services but takes a significantly different approach (e.g., different delivery model, audience, or setting).
3 – Adequate	The project has noticeable overlap with existing Township programs in terms of services or delivery, but includes some differentiation (e.g., serves a niche population or geographic area).
2 – Weak	The proposal closely resembles existing services or programs in purpose, delivery, and audience. There is limited evidence of additional value or need.
1 – Inadequate	The project duplicates an existing service with no significant differentiation. No evidence of need for additional or parallel programming. Represents poor use of funds due to redundancy.

### Use of Volunteers

5 – Exceptional	Strategic and essential use of volunteers
4 – Strong	Integrated and valuable use of volunteers
3 – Adequate	Basic engagement
2 – Weak	Limited or unclear use of volunteers
1 – Inadequate	No volunteer engagement

## Declaration

By indicating yes below, you agree that the information provided in this application is true and accurate.

Note in some cases, we may request supporting documentation to verify identity and financial records, prior to approving funding.

In addition, please provide your consent to the capture and use of photos or video footage from your project or program in promotional materials for the Township of Mapleton.

**To the best of my knowledge, all information supplied as part of this online application is true and accurate.**

**I consent to the capture and use of photos and video footage from our project or program, for use in promotional materials from the Township of Mapleton.**

Personal information collected within this application will be kept confidential in accordance with the requirements of the Municipal Freedom of Information and Protection to Privacy Act, R.S.O. 1990. This information will be used for the sole purpose of determining eligibility for grant funding. Any question concerning this application should be directed to Rachel Carter, Deputy Treasurer [rcarter@mapleton.ca](mailto:rcarter@mapleton.ca)