



# Township of North Huron

## Fundraising Campaigns Application Form

### 1. Fundraising Requestor Information

Fundraiser Requestor Name: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Main Contact Email Address: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_

### 2. Fundraising Campaign Information

Estimated Total Dollar Value of Proposed Project/Program/Service: \$\_\_\_\_\_

*(This is an estimate only, actual costs shall be based on final procurement by the Township.)*

Total Dollar Value of Funds Willing to Raise: \$\_\_\_\_\_

*(Must be a minimum of 50% of the estimated total value of the proposed project/program/service.)*

Full Details/Purpose of Fundraising Campaign:

Alternative Use of Funds in event not enough funds are raised during the approved fundraising time period, or in the event surplus funds are raised *(Please note that once a tax receipt is issued; no refunds shall be issued. Alternative uses shall be similar to original campaign purpose.):*

Proposed Fundraising Start Date: \_\_\_\_\_

Proposed Fundraising End Date: \_\_\_\_\_

***Please attach any additional information that may provide background information pertaining to your submission to Council.***

I/We acknowledge that I/we have read and understand the Acceptance of Donations and Fundraising Campaigns Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 3. For Office Use Only

Date of Delegation to Council: \_\_\_\_\_

List of Materials Provided to Council:

Council Decision:

Approved

Defeated

Council Motion Number: \_\_\_\_\_