



**The Township of South Stormont
Municipal Grant Financial Analysis Form**

To be submitted with your application

Revenue:

Current Bank Account Balance	\$ _____
Requested Grant Funds	\$ _____
Organization/Group Contribution	\$ _____
Other Funding Sources	\$ _____
Total Revenue	\$ _____

Expenses:

Rental Fees	\$ _____
Permits (Please List)	\$ _____

Equipment (Please Specify)	\$ _____

Advertising	\$ _____
Transportation	\$ _____
Other (Please Specify, i.e.: Monthly Rent)	\$ _____

Total Expenses	\$ _____
Profit/Loss	\$ _____

Please indicate which items the Municipal Grant Funds will be used for.

PHONE: 613-534-8889

EMAIL: accountsreceivable@southstormont.ca