



<b>Policy Title</b>	<b>Community Supports and Donation Policy</b>		
<b>Department</b>	Council	<b>Policy Number</b>	CNL-001.01-2026
<b>Effective Date</b>	April 21, 2026	<b>Revision Date</b>	NEW

**Schedule A – Application Form**

**1. Organizational Information**

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

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code \_\_\_\_\_

**2. Event / Initiative / Benefit Details**

Name of Event/Initiative/Benefit: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Type of Support Requested**

<input type="checkbox"/> Monetary Contribution	Amount Requested:	\$ _____
<input type="checkbox"/> Facility Use (waiver/reduction):	Facility Requested:	_____
	Dates/Times:	_____
<input type="checkbox"/> Equipment Services	Details:	_____
<input type="checkbox"/> Promotional Support	Details	_____

**4. Financial Information**

Total Event Budget: \$ \_\_\_\_\_

Amount Requested from Town: \$ \_\_\_\_\_

Other Funding Sources (confirmed/pending): \$ \_\_\_\_\_



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**5. Community Benefit**

Describe how this initiative benefits the Town of Fairview (check all that apply):

- Enhances community profile or awareness
- Provides economic benefit
- Promotes community well-being, recreation, or culture

Provide detailed information:

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**6. Applicant Contribution**

Fundraising efforts undertaken:

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Volunteer Contributions:

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In-kind or financial contributions:

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**7. Declaration**

I certify that the information provided is accurate and complete.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For Office Use Only</b>	
Date Received:	_____
Reviewed By:	_____
Recommendation:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Information Required
Approved Amount/Support:	_____
Resolution Number	_____