



CHARITY CONSIDERATION APPLICATION

Charity application forms can be scanned and emailed to 100WWCDufferin@gmail.com
Forms must be submitted at least 1 week prior to the scheduled meeting for consideration.

Organization Name			
Website			
Which Municipality is it located in?	Amaranth	East Garafraxa	Grand Valley
	Melanchthon	Mono	Mulmur
	Orangeville	Shelburne	Other: _____
Outline the mission, purpose and objectives of your organization:			
Service Area:			
Who does your organization help?			
How can Dufferin County residents benefit from your activities?			
Do you donate funds to any other group? Explain.	YES	NO	
Is this organization a registered charity?	YES	NO	
Registered Charity #			
How long has the organization been in existence?	*Must be <u>over 12 months</u> to meet our guidelines		



Will the charity provide individual tax receipts for donations?	YES NO
Will any of the donations be used for administrative costs?	Yes No *funds are <u>not</u> to be used for admin, salaries, or rent*
Describe in detail what the donations will be allocated towards? *As per guidelines; If awarded funds, 100% must be used for direct service delivery within Dufferin County.	
How is your program currently funded?	
Additional Information:	

Contact Details

Contact name: _____ Title: _____

Phone number : _____ Email address: _____

Agreement:

Your signature below indicates that you understand, if chosen, a member of your organization must be present to deliver a 5 minute presentation about your charity to the 100+Women Who Care Dufferin at the specified meeting date/time.

You must provide individual tax receipts for all donations received directly to the donor.

You further agree to provide an update on how the money was used within Dufferin County so we can inform our members within 6 months.

Signature: _____

Date: _____