

TOWN OF SHELBURNE

203 Main Street East, Shelburne, ON L9V 3K7 Phone: 519-925-2600 Fax: 519-925-6134

Email: shelburne@shelburne.ca Website: www.shelburne.ca

APPLICATION FOR FINANCIAL SUPPORT

GENERAL FUNDING	(please print informa	ition)
Organization Name:		
Shelburne Farmer's Market		
Full Mailing Address:		
310 Main Street E, Shelburne Onta	ario L9V 2Y9	
Contact Person:	E	mail:
Phone: (day)	(evening)	(fax)
Alexandra G - Rosanna O'Blenis -		I
1 AMOUNT OF FINANCIAL	ASSISTANCE BEING	REQUESTED:
§ 2,000		
2 How will the funds be use COVID-19 Signage and	-	nls
Marketing/Promotions		
Insurance		
Farmer's Market Ontario M	embership Fees	
Facility Rental: electricity a	nd storage	

	Have funds been requested from other levels of government? YesNo_x
	If yes, please indicate to which level of government and the current status of the request:
	n/a
	Details of fund-raising activities planned for this year (use a separate sheet if necessary) We will be requesting \$2,000 from Shelburne BIA and approaching local
	developers for their support. Revenue is also aquired from vendor booths.
	We estimate we will recieve a total of \$2,640 from vendor booths.
	Outline the mission, purpose and objectives of your organization: Our goal is to connect residents of Shelburne and surrounding areas with access to fresh
	high-quality, local food. A Farmer's Market is a safe recreational opportunity that will
	support local agriculture and economic development.
	How does the Town of Shelburne community benefit from your activities? A Farmer's Market is a staple in all communities no matter the size. Hosting a Farmer's
	Market will reenergize the community and bring traffic to local downtown businesses like
	the store Limetless. We also hope to partner with resturants who have been hit hard by the pandemic to facilitate takeout/hot food pickups or pop-ups at the market.
	Who takes part in your activities or makes use of your services (including ages if applicable)? Residents of Shelburne and surrounding areas will primarily use this service.
	The market is inclusive and accessible to all ages and abilities.
	Percentage of membership/registrants who are Town of Shelburne residents:
ıt	Year: n/a Previous Year: n/a

9	What amount of your annual expenses are used to support the administration of your organization? (e.g. salaries, benefits, office supplies, telephone, office and/or storage, rent, utilities, accounting) $\frac{n}{a}$ $\frac{n}{a}$
	We do not have any paid staff. The market is facilitated by volunteers.
10	Please provide a listing of your membership fees, fees for service and/or participation fees. We intend to host 6 market dates June-September.
	Vendor Fees:
	Double Booths \$40.00 x 3 \$720.00
	Booth w/Power \$30.00 x 2 \$360.00
	Single Booth \$20.00 x 13 \$1,560.00
11	Has your organization previously received grants from the Town of Shelburne:
	Yes <u>x</u> No
	If yes, please list the grant amounts received from the last 3 successfurequests:
	Year 2018 Amount \$400
	Year 2019 Amount \$1,000
	Year Amount
12	Do you donate funds to any other group? Yesx No
	If yes, to whom and for what purpose: In 2017, the Farmers Market donated \$250 to Trinity United Church to help fund a
	stair renovation project. We are looking forward to supporting local iniatives such as
	Splash Pad fundraising.
13	Is your organization registered as a charitable or non-profit organization?
	Circle as applicable: Charitable Non-Profit
	Registration number: n/a

	(This section	must be complete	ed)
14	How long ha	s your organizatior	n been in operation? Approx 8 years
15	Annual Meet	ing Date: n/a	
16		oplying for this grar year was spent.	nt, please outline how the grant money you
	The market w	as placed on hold	for 2020, therefore we did not recieve a
	grant.		
17	Officers for cu	rrent year:	
	President:	Name: Alexa	andra G and Rosanna O
	riesident.	Address:	
		Phone: (Res)	(Bus)
	Coorotoru	, ,	· /-
	Secretary:	Name: Address:	
			(Bus)
	_		
	Treasurer:		
			(D.:.a)
		Pnone: (Kes)	(Bus)
Date:	April 22, 202	1	Signature: R. O'Blanis A.G

Please attach the following with your application:

- A financial statement for the year immediately preceding the year in which the request is made;
- A proposed budget for the year for which the grant is requested; and
- A summary of accomplishments to date, leading up to this event (by team or individual as applicable).

If there are any other comments that you would like to include that may assist Council when considering this application, please provide details here (or feel free to attach a separate sheet, if necessary):

We will ensure the Farmer's Market will follow all COVID protocols and create a
safe recreational opportunity for residents. Operating the Farmer's Market in a safe
mannor will be much appreciated by residents especially due to the lack of recreational
opportunities available as a result of the pandemic.
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	FOR OFFICE USE ONLY	
PPLICATION RECEIVED:	APPROVED:	AMOUNT:
OMMITTEE MTG. DATE:	DENIED:	COMMENTS:
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FINANCIAL STATEMENT

Outline your organization's sources of operating revenue:

Revenue Sources (be specific)	Amount Received (previous financial yr.)	Current Budget (projected)
Membership fees		\$2,640.00
Vendor Booths		
Program fees / fees for service		
Other government funding		
Other grants		\$2,000
Shelburne BIA Request		
Fundraising		
Sponsorship Local developers		TBD
Donations		
Gifts In Kind Town of Shelburne		2 garbage bins, 4 recycling bins 2 green bins and town staff to set up and take down bollards and collect bins after each market
Other (please specify) Residents		Volunteers to manage/facilitate market dates
Total Revenues:		\$4,640

PROPOSED BUDGET

Expected Costs Description Bank Fees	\$ Amount \$366.48	Expected Funding Sources	\$ Amount	√confirmed	\checkmark requested
Annual Website Renewal	\$67.80				
Rent at Trinity Church	\$1,000.00				
Farmers Market Ontario Fee + Insurance	\$920.75				
Custom Business Size Magnets	\$858.00				
Gift Give Aways	\$400.00				
Facebook/Instagram Ads	\$500.00				
PPE/COVID signage Sub-Total:	\$2,000.00	Sub-Total:	\$6,113.03		

Funding	Request:	\$ <u>2,000</u>
		•

In-Kind Contributions (donation of space, materials, etc.)

Contribution	Estimated \$ Value	Donor	√ confirmed	\checkmark requested
2 garbage bins, 4 recycling bins	6	Town of Shelburne		
2 green bins and town staff to set up and take				
down bollards and collect bins after each market				
aller each market				
Total:				

Volunteer Support	(associated with	the proposal)
VOIGITICOT OUPPOIL	(associated with	life proposar,

	#of volunteers involved: 2-4	Total hours of volunteer time contributed:	100+ hours
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