



FIRE SERVICES CAPITAL GRANT APPLICATION

Please note: you can also apply for this grant through our website at: <https://grants.munargyle.com/login>

Contact Information

Fire Department: _____ Reg. of Joint Stock Number: _____

Mailing Address: _____ City/Town: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Funding Application

Project Description:

Estimated Date of Purchase: _____

Annual request for funding under the capital program _____ per year for _____ years.

(Grant cannot exceed \$25,000 per year for 5 years)



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Why Municipal Funds are required for this project:

Project Funding Revenues and Expenses	
Source	Amount
a. Municipality of Argyle – Capital Grant Program (Amount Requested)	
b. Fire Area Rate (At ___ cents per \$100 of assessment)	
c. Other Government Grant – Please Specify	
d. Prior Surplus/Transfer from Capital Fund	
e. Fundraising/Ladies Auxiliary	
f. Other	
Total Revenues (Add A through f)	
Total Cost, including total HST	
Minus HST Refundable (71.42% of total HST)	

Total cost should include net revenues. Please attach quote if applicable.



FIRE SERVICES CAPITAL GRANT APPLICATION CONT...

Source of Planned Financing/Borrowing
<i>Financial Institution (please state "capital fund" if funds are internal:</i>
<i>Total Amount Borrowing:</i>
<i>Interest Rate:</i>
<i>Term of Borrowing (number of years):</i>
<i>Other Information that is considered important to share with the Municipality:</i> <hr/> <hr/> <hr/>



FIRE SERVICES CAPITAL GRANT APPLICATION CONT...

Financial Statement Requirement:

We the _____ Fire Department, have attached with this application, the most recent income statement and balance sheet for the year ended _____, and it includes all funds and accounts, including both operating and capital activities.

Signed: _____

Consent:

Please include any quotes or any other supporting documentation for the project with your application. Please ensure you read Section 7 of Article C53 – Municipal Grants and Sponsorship Policy in its entirety to ensure your eligibility.

I hereby certify that all statements made herein are, to the best of my knowledge, accurate, true, and complete. I also consent to be reached via information included in this application in case additional questions, information, or clarification is required by the Municipality. I understand that any information later determined to be false, or misleading may disqualify the fire department from this funding application.

Authorized Signature: _____

Date: _____