Township of Woolwich - Grant Application Form: Equity, Diversity, Inclusion and Belonging (EDIB)

For more information on Equity, Diversity, Inclusion and Belonging Grants, please see Section 13 of the Township's Grants Policy.

The Township's Grants and Special Assistance Policy provides for the different types of financial support. All information submitted in a grant application becomes public information and will be shared with the public upon request. The Township may request further information or clarification as needed. Should you have any questions or concerns, please contact the Council and Committee Facilitator at 519-669-6004 or woolwich.mail@woolwich.ca.

Name of Organization or Individual *	
Woolwich Pride	
Organization Address (Street Number, Street N	lame, City/Town) *
Name and Title of Primary Contact *	
Shari DeCaire & Angie Melchin	
Address for Primary Contact (If Different than A	Above)
Primary Contact Telephone Number *	Primary Contact Email Address: *
	woolwichpride@gmail.com
Have you or the organization you're representi Belonging Grant before? *	ng applied for an Equity, Diversity, Inclusion and

Organization	
ype of Organization *	
Neighbourhood Group or Community Association	
re you, the applicant, a resident of the Township of Woolwich? *	
Yes	
the organization you represent based in the Township? *	
Yes	
equested Grant Amount: *	
2500	
lease explain why you are submitting a grant application and how your request fits within the Equity iversity and Inclusion Category. If you require more room, additional documentation can be attache ne end of this form.*	•
Woolwich Pride is a one day event held in Elmira every year since 2023. This will be our third annual Woolwich Pride is a community event where everyone is welcome and has a sense of belonging The event strives to host an inclusive space for all. Woolwich Pride, we are better together.	
lease provide a detailed description of the proposed use of funding and how the initiative, activity o	

The Woolwich Pride committee would use the EDI grant money to fund our one day event. Some examples of cost would be:

- Rental costs (tables, chairs)
- Entertainment (Bouncy Castle, Face Painters)
- Insurance costs
- Marketing
- Advertising
- Promotional Events

Etc.

ndraising component	

No

Do you or does your organization provide grants to applicants that give grants, donations, scholarships, bursaries, or otherwise transfer funds to other individuals or organizations? *
No
If your organization receives a grant, will all citizens of the Township of Woolwich be eligible to participate in the funded initiative, event, or activity? * • Yes • No
Please provide details about how persons with disabilities would be able to access the program, service, or event, such as accessible parking, accessible facilities, awareness training for staff or volunteers, etc. *
Any one is welcome and able to attend our event. We purposely chose to hold our event at Gibson's Park which is an accessible park with accessible parking and accessible washrooms. Our program is free. We have removed the financial barrier for folks to attend.
What fundraising has your organization completed so far? What have you received? What are you waiting on? *
We sold merchandise at the event to raise funds for future events.
Did your organization implement user fees and/or request funding from another organization this year? Does your organization intend to request funding assistance from other agencies this year? Please specify.*
No fee to attend. We will seek sponsorship from local businesses.

Please describe how your organization will acknowledge a grant from the Township of Woolwich.
- Logo on marketing material - Recognition from stage - Added on all social media platforms (Facebook, Instagram) - Added on website
Do you have any final comments on why public funds should be given to your organization?
Thank you for supporting our one day event. We are committed to running a one day Woolwich Pride event to celebrate with our community and show inclusivity love to all.
Optional: Please attach any supporting documents you feel may be helpful to your application.
File Name
2025 Sponsorship Package.pdf 922.3 KB
I certify the information provided in this application is accurate and complete.*
Any Mul
Signatory Name * Signatory Telephone Number *
Angie Melchin