Personal information on this form is collected under the legal authority of the Municipal Act, as amended. This information is collected and maintained for the purposed of creating a record that is available to the general public, pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk, at 22413 Hoskins Line, Rodney, ON 519-785-0560 or jnethercott@westelgin.net

| Name of Applicant/Organization/Service | Contact Person Name | | |
|------------------------------------------------|------------------------|------------|--|
| Club/Community Group * | Jim Hathaway | ****** | |
| West Lorne And Community Horticultural Society | | CONTRACTOR | |
| Position held in organization/group | Email Address | | |
| President | hathaway@on.aibn.com | | |
| Phone Number | Mailing Address | | |
| 519-636-1441 | 24322 Silver Clay Line | | |
| Municipality | Postal Code | | |
| West Elgin | N0L 2P0 | | |
| Website | | | |
| , | | ******* | |

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Specifics of Event/Project/ Program funds or in kind support is requested for:

| PROGRAM - This is the annual purchasing, planting and maintaining of flowers for the Village of West Lorne. Purchase of all plants for the town signs on Graham Road entrance to West Lorne known as the North & South beds. This request in the past has been granted. The West Lorne and Community Horticultural Society greatly appreciates this support to beautify the Village of West Lorne. | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | | | | |
| Amount of Funds Requested from Municipality of West Elgin | | | | |
| | | | | |

Have you applied to the Municipality of West

(please indicated In Kind request and any monetary value associated with this)

Elgin for Community Funding in the past? if so please detail

Yes.

Do you wish to present your request in person to Council?

In Kind Support Requested from Municipality

No No

If required

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| Are you a non-profit | Please enter your Charitable registration | Date of Incorporation | |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| organization? | number | | |
| • | N/A | | |
| Yes | | å | |
| ○No | | | |
| Grant Category | | | |
| Youth/Senior Event | | | |
| © Community Beautifica | tion | | |
| No. pr | age Tourism Development | | |
| Community Special E | vent | | |
| Capital Funding for S | pecific Project | | |
| Other - one time grant | request | | |
| | | | |
| Please explain the one | e time event funds are requested for | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| t and the control of | | La sense mederal samuela antica este este este este este a sense antica este en entre entre este este este deste asse | |

| Please provide a brief history of your organization. | Is your group able to issue charitable tax receipts on its own? | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| West Lorne and Community Horticultural Society established in 1920. Our mandate is to beautify the community, and educate the public. We provide a meeting place for the public to meet and hear guest speakers & to take part in work shops. | Yes No No | |
| What are the general objectives/services of your organization? | In what geographical area does your organization operate? | |
| Beautification of the town in which we live. Educate the public. | Municipality of West Elgin. | |
| Do Volunteers participate in your | Number of Volunteers | |
| organization? | 64 members. About 10 - 12 volunteer. | |
| Yes | | |
| ○ No | | |
| Please Provide a list of Executive Officers of y Past President - John Bakker, President - Jim Hathaway, \ Samm Okolisan. | our organization /ice President - Vacant, Secretary - Ann Honchell, Treasurer - | |

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Project Information

| supplier near the end of May. Your parks department | ng of flowers for the Village of West Lorne. Plants will arrive from our will hang the 12 baskets & place the 12 planters/pots at the lamp ould be completed by June 1st. After that the society will weed & nings stay alive until fall. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is this a new project or initiative? | Please describe how the funding will enhanc |
| ∵ Yes | This is an on going projects for decades to beautify the |
| No No | Village of West Lorne. This program allows the Society members to help plant weed & to experience the growth & beauty of this beautification project. |
| | |
| Describe the specific purpose that the gra | ant funds would be used for. |
| To buy plants & fertilizer in order to beautify the Villa community & hopefully invite people to take part in the time of the community with the community of the community with the com | ge of West Lorne. Hopefully this would show the pride of the he society. |

| Does this application include in kind grant requests? | Please provide details of in kind requests (ex. Materials, equipment, staffing resources |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| ○ Yes | |
| No | |
| | |
| | |
| | |
| | |
| | |
| Please list all other funding sources for supporting this event/program/project | Who will benefit from the proposed Event/Project/Program? |
| | People of all ages. Everyone would be able to see the beauty of these hanging baskets, potted flowers and the flower beds when entering the town. |
| Is your grant request for more than \$500.00? No | Grant request over \$500.00 require submission of Financial Statements. Please submit Financial Statements. |
| Please upload a project budget 🚱 | |

Thank You for Submiting your Community Grant Application.

Application deadline is December 31, 2020. Groups will be contacted with information regarding the date of the meeting when the Grant Applications will be discussed.



Balance Sheet November 1, 2020 - October 31, 2021

\$768.00

Income

AGM - 2019 (Refund) \$259.06
Banking \$30.00
Donations/Grants \$3,971.00
Gift \$137.24

Total Income \$5,165.30

Expenses

Membership

Advertising \$51.98 Banking Charges \$42.50 \$225.00 Donation Financial Audit 2019/20 \$129.95 OHA \$493.94 **Planting** \$1,178.65 **Supplies** \$101.25 Virtual Meetings \$45.20

Total Expenses \$2,268.47

Net Income \$2,896.83

Balance Sheet Verification

Closing Balance - Oct. 31/21 \$6,279.57

Opening Balance - Nov. 1/20 \$3,382.74

Net Income \$2,896.83

Lottery Account

Opening Balance - Nov. 1/20 \$132.00

(Oct. 28/21, transferred to Chequing Acct to cover banking service charge) -\$30.00

Closing Balance - Oct. 31/21 \$102.00

Net Loss -\$30.00



Income Statement: Nov. 1/20 - Oct. 31/21

Income

| Income | Den | | | |
|---------|------------|-------------------------------------------------------------------|------------|------------|
| | 1. AGM | - (Refund) | | \$259.06 |
| | | Lottery license -Dutton, Feb. 13/21 | \$45.00 | |
| | | Gloves- AGM, sold to Lambeth - July 19/21 | \$214.06 | |
| | 2. Banki | ng | | \$30.00 |
| | | Transfer from lottery acct (12 mos @ \$2.50 ea month); Oct. 28/21 | \$30.00 | |
| | 3. Donat | tions/Grants (Received) | | \$3,971.00 |
| | | OMAFRA Grant, Nov. 20/20 | \$1,000.00 | |
| | | Member Donation, Dec. 1/20 | \$1.00 | |
| | | OMAFRA Grant, Mar. 10/21 | \$1,140.00 | |
| | | W L Kiwanis Donation, Apr. 16/21 | \$500.00 | |
| | | WE Nature Club Donation, Apr. 19/21 | \$300.00 | |
| | | Member Donation, June 1/21 | \$30.00 | |
| | | OMAFRA Grant, Oct. 18/21 | \$1,000.00 | |
| | 4. Gift | | | \$137.24 |
| | | Appreciation Tree from District 10, June 15/21 | \$137.24 | |
| | 5. Meml | | | \$768.00 |
| | | 64 members @ \$12 each = | \$768.00 | |
| | Total | Income | | \$5,165.30 |
| Expense | 2 S | | | |
| | 1. Adver | tising | | \$51.98 |
| | | Post Media (2019 ad.), Mar 31/21chq# 555 | \$51.98 | |
| | 2. Bank | Charges | | \$42.50 |
| | | Checking Acct. (6 mos @ \$2.50 ea month) | \$15.00 | |
| | | Lottery Acct. (11 mos @ \$2.50 ea. month) | \$27.50 | |
| | 3. Donat | tions (Made) | | \$225.00 |
| | | Cancer research, memory of J. Bakker Sr, Jan. 26/21chq# 552 | \$25.00 | |
| | | Wess Bursary, Nov 23/21chq# 551 | \$200.00 | |
| | 4. Financ | cial Audit 2019/20 | | \$129.95 |
| | | Mel's Accounting, Oct/20chq# 554 | \$129.95 | |
| | 5. OHA | | | \$493.94 |
| | | Trillium Newsletter, Jan. 8/21chq# 553 | \$15.00 | |
| | | OHA Affiliation & Insurance, June 16/21chq# 559 | \$420.09 | |
| | | District 10 Society Fees, Oct. 18/21chq# 564 | \$58.85 | |
| | 6. Planti | ng/Gardening | | \$1,178.65 |
| | | Moss, North & South beds, June 14/21chq# 561 | \$24.41 | |
| | | Tree - Centennial Gardens, June 3/21chq# 560 | \$137.24 | |
| | | Bench - Centennial Gardens, July 9/21chq# 563 | \$1,017.00 | |
| | 7. Suppli | | | \$101.25 |
| | | Printer cartridge - S. Okolisan, Mar. 25/21chq# 556 | \$67.80 | |
| | | Board Mtg Treats - J. Hathaway, Oct. 26/21chq# 567 | \$33.45 | |
| | 8. Virtua | ıl Meetings | | \$45.20 |
| | | April - Zoom Mtg - J. Hathaway, May 1/21chq# 558 | \$22.60 | |
| | | May - Zoom Mtg - J. Hathaway, June 3/21chq# 560 | \$22.60 | |
| | Total | Expenses | | \$2,268.47 |



West Lorne & Community Horticultural Society

SOCIETY FINANCIAL REVIEW CERTIFICATE

(TO BE USED IF NO AUDIT REPORT IS SUPPLIED BY OUTSIDE AUDITORS)

Society/Club financial records must be independently reviewed for the protection of both the Treasurer and the Society/Club.

Submit this signed form unless you have had a professional firm (CPA) conduct an audit and an audit report is provided by the auditor and included with your financial information.

If this form is being used, please note the following:

- Volunteer reviewers must NOT currently be on the Executive or Board; or related to one another; or related to the Treasurer.
- Financial Reviewers review and check off the items on the Review checklist attached.
- Financial Reviewers will verify that the totals shown on the financial statements are correct and will sign the statements.

Checklist for Financial Reviewers

| | Ye | es/No | Description | Comments |
|----|----|-------|-----------------------------------------------------------------------------------------------|-----------------------------------------|
| 1 | 4 | 4 | Cheque/Payment issued in accordance with invoice | , |
| 2 | Y | ý | All Cheques are accounted for – during fiscal year | |
| 3 | 4 | Y | If required, two authorized signatories have signed each cheque | |
| 4 | y | Y | Bank Reconciliation is complete for the year and match the amount on the financial statement | |
| 5 | Y | 4 | Paid invoices have been properly approved for payment | |
| 6 | 4 | 4 | Deposits are supported with detail | |
| 7 | | 4 | Cash deposits are supported by cash count records | |
| 8 | | Ч | Cash receipts are supported by numbered tickets etc. | |
| 9 | | No | Cash over/short is explained satisfactorily | |
| 10 | | س10 | Petty Cash has been counted | |
| 11 | Y | ٧ | Etransfers have been properly recorded | 10 100000000000000000000000000000000000 |
| 12 | 4 | Ч | All Bank Entries are legitimate and have been properly recorded | |
| 13 | Ÿ | Ч | Accounts Payable are supported by documentation and date of payment in the new year is noted | |
| 14 | Y | 4 | Accounts Receivable are supported by documentation and date received in the new year is noted | |
| 15 | 4 | No | Inventory counts are provided | |
| 16 | Y | Ч | Assets and Liabilities have been reviewed | |
| 17 | Y | 4 | All investments and assets which were reported do exist | |
| 18 | 4 | 4 | Revenues are properly presented in the income statement | |
| 19 | Y | 4 | Expenses are properly presented in the income statement | , , , , , , , , , , , , , , , , , , , , |
| 20 | Y | 1 | Balance sheet balances and is mathematically correct | |
| 21 | Y | 4 | Income statement mathematically correct. | |
| 22 | ' | | Other | |



West Lorne & Community Horticultural Society

SOCIETY FINANCIAL REVIEW CERTIFICATE

| We certify that the statements of income and expenses and assets & liabilities of West Lorne & |
|--------------------------------------------------------------------------------------------------|
| Community Hort. Society for the fiscal year ended October 31, 2021 , are |
| correct, and that our examination of the books and records of the Society/Club included tests to |
| ensure the accuracy of transactions noted on the checklist: |
| Date <u>November</u> 3, 20 21 Financial Reviewer <u>CIDALIA</u> COELHO |
| Financial Reviewer CIDALIA COELHO |
| Signature Cedalia Coelho |
| Phone 519-719-0271 |
| Date Marmbas, 20 21 Financial Reviewer Janet Given |
| Financial Reviewer Janet Given |
| Signature Sinel Guien |
| Phone 577-768-2698 |
| NOTE: Financial Review and Review Certificate/Report must be completed BEFORE AGM. |