



## Playground Development Community Partnership Program

### Instructions

Completed applications may be mailed or delivered to:

Parks & Recreation  
Playground Development Community Partnership Program  
255 Christina Street North  
PO Box 3018  
Sarnia, ON N7T 7N2

Refer to the Playground Development Community Partnership Program Guidelines for more detailed information criteria. If you require assistance completing the form, or have inquiries, contact:

Ryan Chamney, 519-332-0330 #3202, [ryan.chamney@sarnia.ca](mailto:ryan.chamney@sarnia.ca)

### Applicant Information

First Name		Last Name	
Address		Suite/Unit Number	
City	Province	Postal Code	
Home Number	Mobile Number	Email	

### Project Description

Name of Playground
Address
Project Description
Anticipated Users
Rationale for Project

### Past Projects

Has your group received a grant previously under the Playground Development Community Partnership Program? Describe previous projects:		
Year	Location	Project

### Applicant Sources of Revenue

Funds Raised by Applicant Group	
Other Revenues (Specify)	
1.	
2.	
Community Partnership Grant Request (Maximum 50% of total project costs TBD by City Staff)	
Total Revenues	

### Project Implementation

Anticipated project start date <i>Note: Grants <u>will not</u> be awarded to applicants prior to receiving final project approval from the department.</i>	
Anticipated project completion date	
Is this a phased project? If applicable, when will the next phase begin/finish?	Yes No

### Authorization

As an authorized representative of I attest that all information contained in this application is accurate to the best of my knowledge. I have read the Playground Development Community Partnership Program Policies & Procedures and agree with the Terms/Conditions.
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\_\_\_\_\_

Date

\_\_\_\_\_

Signature



Playground Development  
Community Partnership Program

**OFFICE USE ONLY**

**Financial Information**

<b>Expenditures (Actual or Estimated)</b>	
Site Preparation Costs	
Costs for Major Components (Specify)	
1.	
2.	
Freight	
Installation	
Application Taxes (GST)	
Miscellaneous Costs (i.e. required permits)	
Total Project Cost	

Approved: Initials	Date Received:
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Approved: Park Staff Initials	Site Meeting:	Location Determined: Y ____ N ____	Date Installed:
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