

	CS – Youth Travel Grant Application	Community Services
	Youth Travel Grant Application	

Individual/Organization Information	SECTION 1
Name of Individual/Organization _____ Contact Person _____ Title _____ Address _____ City _____ Postal Code _____ Telephone (home) _____ (work) _____ (cell) _____ Email _____ Website _____	

Grant Category	SECTION 2
Please refer to the Grant and Subsidies Policy to review grant guidelines. Grant applying for: Youth Travel Sport Youth Travel Non-Sport	

Grant Request	SECTION 3
Amount requesting from the City \$ _____ Percentage of total travel expense % _____ Team Name _____ Travel Location _____ Event Name _____ Event Dates _____ Provide a brief description of the intended use of the funds requested, i.e. activity, program, event. Please included a detailed budget.	

Please submit a team roster indicating the home address and birthdate of each player. Attach a separate sheet if more space is required.

Name	Home Address	Birthdate yyyy-mm-dd	Post-Secondary Enrollment <i>If 18 years or older</i>

The City of St. John's offers limited funding for Youth Sport Travel and Youth Non-Sport Travel. The following amounts are available to those who qualify.

Number of Individuals Travelling	Funding Available
1	\$125
2 to 3	\$250
4 to 6	\$500
7 to 9	\$750
10+	\$1000

It is the responsibility of the applicant to ensure all required information is submitted. Incomplete applications will be considered ineligible.

I AFFIRM THAT the information in this application is accurate and complete and the financial information is fairly presented. I agree that once funding is provided, any change to the organization program delivery will require prior approval from the City of St. John’s. I agree to publicly acknowledge funding and assistance by the City of St. John’s. I understand that the information provided in this application may be accessible under the Access to Information Act. I also agree to respect the spirit and intent of the various acts governing the programs of the City of St. John’s.
Signature of two principal officers of the group or organization:

Name _____ Title _____
 Address _____
 City/Province _____
 Signature _____ Date (yyyy-mm-dd) _____

If applicant is a member of a team, this application must be signed by the Team Manager or Coach.

Name _____ Title _____
 Address _____
 City/Province _____ Date (yyyy-mm-dd) _____

Important Information

Applications must be received at least 14 days prior to scheduled travel in order to be considered eligible.

Ensure that you have completed all sections and enclosed all requested documentation. Incomplete applications will be considered ineligible.

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to/for the purpose of the processing of Youth Travel Grant Application. Questions about the collection and use of the information may be directed to Manager of Tourism, Culture, and Events at citygrants@stjohns.ca

Please send completed form by:

Email: citygrants@stjohns.ca

Emails including all attachments **must not exceed 25MB**.
 Acceptable file formats are: pdf, docx, xlsx, jpg, png, mp3, wav, mp4, mpeg, mov, zip.

For Further Information:

Email: citygrants@stjohns.ca
 Call: (709) 570-2186



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