| | CS - S | port | Grant | Appıı | cation |
|--|--------|------|-------|-------|--------|
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Community Services

ST. J@HN'S

Sport Grant Application

| Contact Information | | | SECTION 1 |
|--------------------------------|--------------------------------|-----------------------------------|----------------|
| Organization Name | | | |
| | | | |
| | | | |
| Address | | | |
| City | Pc | ostal Code | |
| Tel (home) | (work) | (cell) | |
| Email | Website | | |
| Incorporation Number (first- | time applicants to submit pro | of of Articles of Incorporation a | and |
| Amendments thereto) | _ | | |
| Grant Request | | | SECTION 2 |
| Amount requested from the | City | | |
| Percentage of total budget_ | | | |
| Have you previously receive | ed funding through the City o | of St. John's Grant Program? | Yes No |
| If yes, most recent year | | | |
| Provide a brief description of | of the intended use of the fun | ds requested (e.g., activity, pro | ogram, event): |
| | | | |
| | | | |
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| Organizational Background Information | | SECTION 3 |
| Please provide an overview of last year's programming and progre | ss: | |
| Briefly describe the purpose and objectives of the organization: | | |
| Describe the general types of programs and services being offered | by the organiz | zation: |
| Do volunteers participate in your programs and services?: | Yes | No |
| If yes, please indicate the numbers and type of involvement: | | - |



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| Organizational Background Information Continued | SECTIO | N 3 |
| Please provide a breakdown of registration numbers, for this year your organization. Ensure you break out child/youth/adult/all-star: | | ed by |
| Organization Operating Budget | SECTIO | N 4 |
| Applications must be accompanied by local organization financial (audited if available), and current year local organization budgets. | • | ar |
| The following template is provided for the current year budget; ho attachment in an alternate format. | wever, you may submit as an | |
| Is the fiscal year for your organization January 1 to December 313 | ? Yes No | |
| If no, please identify | _ | |
| We require a detailed balanced budget for your local organizatio | n. | |

| Revenue | Budget for Previous Year | Budget for Upcoming Year | Requested | Confirmed |
|-------------------------------|-----------------------------|-----------------------------|-----------|-----------|
| Federal Government Grants | | | | |
| Provincial Government Grants | | | | |
| Private/Other Grants | | | | |
| Donations | | | | |
| Adult Membership Revenue | | | | |
| Other Membership Revenue | | | | |
| Other Revenue (specify) | | | | |
| Prior Year Surplus/Deficit | | | | |
| Sub-Total | | | | - |
| Requested City Grant | | | | |
| Total Revenue | | | | |



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| Organization Operating Budget Cont | tinued | SECTION 4 |
| Expenditures | Budget for Previous Budget | Budget for Upcoming Year |
| Salaries and Benefits | | |
| Office and Equipment Supplies | | |
| Other Expenses | | |
| Facility Rental | | |
| Equipment Costs | | |
| Insurance | | |
| Travel/Conferences | | |
| Interest and Bank Charges | | |
| Professional Fees | | |
| Total Expenditure | | |
| Total Revenue | | |
| Total Expenses | | |
| | | |
| | | |
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Applicant Declaration (two signatures required for groups/organizations)

SECTION 5

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 and Protection of Privacy Act. I also agree to respect the spirit and intent of the various acts governing the programs of the City of St. John's.

Important Information:

Applications must be received no later than 4:00 p.m. on the last Friday in November

Signature

The subject line of email should be "City Grants-Sports."

Ensure that you have completed all sections and attached all requested documentation:

- Local Organizational Financial Statements
- Detailed budget
- Local Program Statistics

Incomplete applications will be considered ineligible.

ST. J@HN'S

CS – Sport Grant Application

Community Services

Privacy Notice SECTION 6

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of grants administration. Questions about the collection and use of the information may be directed to the Supervisor of Tourism and Events, Community Services: citygrants@stjohns.ca.

Submissions Information

Email: citygrants@stjohns.ca with the subject line: City Grants - Sports

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

If you require assistance in submitting your application electronically, please contact citygrants@stjohns.ca

For More Information

Email: citygrants@stjohns.ca

Call: (709) 570-2186



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