



PLEASE PRINT

Department of Community Services

CAPITAL GRANT APPLICATION

INDIVIDUAL/ORGANIZATION INFORMATION

SECTION 1

Name of Individual/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Incorporation Number: \_\_\_\_\_

First time applicants to submit proof of Articles of Incorporation and Amendments thereto.

GRANT REQUEST

SECTION 2

Amount requesting from the City \$ \_\_\_\_\_ Percentage of total project budget \_\_\_\_\_

Have you previously received funding under the City of St. John's Capital Grant Program?  Yes  No

If yes, what year: \_\_\_\_\_

Provide a brief description of the Capital project:

Briefly describe the purpose and objectives of your organization:

Describe the general types of programs and services being offered by your organization:

Do volunteers participate in your programs and services?  Yes  No  
If yes, please indicate the numbers and type of involvement:

Describe the benefits of the Capital project:

We require a detailed **balanced** budget for your capital project.  
 We require the organization operating budget.

As per policy, the City of St. John's funds up to a maximum of 50% of the capital costs of a project. Funding must be identified for the balance of the project.

Summary of Estimated Project Costs	
Description	Cost

Summary of Proposed Financing of Project				
Source	Description	Requested	Confirmed	Value
Federal Government Grants		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Provincial Government Grants		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Private/Other Grants		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Donations		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

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 publically 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	Date (yyyy-mm-dd)
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Address	City/Province	Postal Code
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Signature

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

**Important Information**

Deadline for applications: November 30 at 4 p.m.

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

- Organizational Financial Statements
- Project Balanced Budget, With Other Sources of Funding Identified
- Organization Operating Budget
- Professional Quotes for Project

Incomplete applications will be considered ineligible

<b>Submission Information</b>		<b>Inquiries</b>
<p style="text-align: center;"><b>Electronic</b></p> <p>Email: <a href="mailto:citygrants@stjohns.ca">citygrants@stjohns.ca</a></p> <p>Emails including all attachments <b>must not exceed 25MB</b>. Acceptable file formats are: pdf, docx, xlsx, jpg, png, mp3, wav, mp4, mpeg, mov, zip.</p>	<p style="text-align: center;"><b>Hard Copy</b></p> <p>Access St. John's First Floor, City Hall 10 New Gower Street; P.O. Box 908 St. John's, NL A1C 5M2 Attention: City Grants</p> <p style="text-align: center;"><b>or</b></p>	<p style="text-align: center;"><b>For More Information</b></p> <p>Email: <a href="mailto:citygrants@stjohns.ca">citygrants@stjohns.ca</a></p> <p>Call: (709) 570-2186</p>