



Briefly describe your purpose and mandate:

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Describe the objectives of your organization:

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

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Do volunteers participate in your programs and services?  Yes  No

If yes, please indicate the numbers and type of involvement:

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Applications **must** be accompanied by financial statements for the previous year (audited if available), current year budgets and three-year forecast budgets (if available). The following template is provided for current year budget.

Fiscal Year End \_\_\_\_\_  
 yyyy-mm-dd

Revenue	Current Year Actual (or est.)	Budget for Requested Year	% of Total Requested
Federal Government Grants			
Provincial Government Grants			
Private/Other Grants			
Donations			
Adult Members			
Child/Youth Members			
Other Members			
Other Revenue (Specify)			
Prior Year Surplus/Deficit			
Sub-Total			
Requested City Grant			
<b>Total Revenue</b>			

Expenditures	Current Year Actual (or est.)	Budget for Requested Year	Comments on Differences
<b>Administrative</b>			
Salaries and Benefits			
Office and Equipment Supplies			
Other Officer Expenses			
<b>Program Delivery</b>			
Salaries and Benefits			
Facility Rental			
Equipment Costs			
Insurance			
<b>Other Program Costs</b>			
Travel/Conferences			
Interest and Bank Charges			
Professional Fees			
<b>Total Expenditure</b>			
<b>Surplus (Deficit)</b>			





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)
_____ Address	_____ City/Province	_____ Postal Code
_____ Signature		

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

**Important Information**

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

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

Please submit completed form to:	Access St. John's First Floor, City Hall 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2 Attn: City Grants	For more information: Call: 311 or (709) 754 – CITY (2489) E-mail: <a href="mailto:citygrants@stjohns.ca">citygrants@stjohns.ca</a>
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