



COMMUNITY 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 budget _____

Have you previously received funding under the City of St. John's Grant Program? Yes No If yes, most recent year: _____

Provide a brief description of the intended use of the funds requested, i.e. activity, program, event.

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:

Please provide a breakdown of registration numbers, for this year, for the various programs offered by your organization.
For National organizations, this number must be local.

Applications **must** be accompanied by local organization financial statements for the previous year (audited if available) and current year local organization budgets.

The following template is provided for current year organization budget; however, you may submit as an attachment in an alternate format.

Is the fiscal year for your organization January 1 to December 31? If not, please identify _____

We require a detailed **balanced** budget for your local organization.

Revenue	2018 Actual (or est.)	Budget for 2019 Year	Requested	Confirmed
Federal Government Grants			<input type="checkbox"/>	<input type="checkbox"/>
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Private/Other Grants			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Donations				
Adult Membership Revenue				
Child/Youth Membership Revenue				
Other Membership Revenue				
Other Revenue (Specify)				
Prior Year Surplus/Deficit				
Sub-Total				
Requested City Grant				
Total Revenue				

Expenditures	2018 Actual (or est.)	Budget for 2019
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 2019 Revenue	
Total 2019 Expenses	

We require a detailed **balanced** budget for your local organization

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: The last Friday in November at 4 p.m.

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

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

Incomplete applications will be considered ineligible

Submission Information		Inquiries
Electronic	Hard Copy	For More Information
Email: citygrants@stjohns.ca	Access St. John's First Floor, City Hall	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.	or 10 New Gower Street; P.O. Box 908 St. John's, NL A1C 5M2 Attention: City Grants	Call: (709) 570-2186