



PLEASE PRINT

Department of Community Services

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 CATEGORY

SECTION 2

Grant applying for: Community Groups & Organizations Sporting Groups & Organizations* Special Events & Festivals

Please refer to the Grant and Subsidies Policy to determine what grant you should apply for

*Sporting Groups & Organizations please submit a document outlining registration numbers for the past season, indicating child/youth/adult/all-star.

GRANT REQUEST

SECTION 3

Amount requesting from the City \$ _____ Percentage of total revenue % _____

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 your purpose and mandate:

Describe the 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:

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			
Total Revenue			

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

To be completed by Special Event & Festivals grant applicants only.

If you have received funding in the previous year, your final report must be submitted in order to be eligible. No new applications for grant funding will be processed unless a final report has been received.

Festival/Event Information:

Festival/Event Name: _____

Dates: _____ to _____

Estimated attendance: _____

Paid Admission: _____ Free Admission: _____

Attach a list of proposed activities and/or event schedule to support your application.

Community & Economic Benefits:

The benefits to be realized by the community at large. Outline how it will demonstrate a positive impact on the community, how it will focus on celebrating our distinct culture and heritage and how it will be accessible to all residents.

Outline the overall economic impacts of the festival/event on performers/contractors, the venues being used and community partnerships.

Marketing:

Outline how your marketing/promotional activities will be undertaken, including acknowledgement of the contribution of the City of St. John's. Samples of relevant materials are accepted. NOTE the City of St. John's CANNOT accept USB data storage devices as our security measures prevent us from being able to access them.

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: citygrants@stjohns.ca