



HOUSING CATALYST FUND  
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: \_\_\_\_\_

GRANT REQUEST

SECTION 2

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

Have you previously received funding under the City of St. John's Housing Catalyst Fund 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.

Anticipated start and end dates of the project:

Start \_\_\_\_\_

End \_\_\_\_\_

Please describe, in some detail, how the project/activity/housing development will leverage this fund and lead to housing solutions that will address needs in our community:

How does it align with the Affordable Housing Business Plan:

Is the project solutions focused, action oriented and realistic:

Will it have significant impact on creating, maintaining, and/or supporting local affordable housing:

How will this grant help with the project?

What is the long term goal or end result?

What do you anticipate the short and mid-term outcomes of this project will be for the community?

We require a detailed balanced budget for your project.

Has your group/organization formally requested funding from any other source for this project?  
 If yes, please provide detail and advise if funding has been confirmed.

Yes  No

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

Summary of Estimated Project Costs	Description	Cost
Proposed Financing of Project	Description	Cost
Anticipated or confirmed revenue from all sources, including, but not limited to other government sources, donations, sponsorships, sales, etc.		

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 of November.

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

Please submit completed form to:

City of St. John's  
Housing Division  
Fax: (709) 576-8078  
E-mail: [affordablehousing@stjohns.ca](mailto:affordablehousing@stjohns.ca)

For more information:  
City's Affordable Housing Coordinator  
(709) 570-2096