



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: \_\_\_\_\_

GRANT CATEGORY

SECTION 2

Grant applying for:  Youth Travel Sport  Youth Travel Non-Sport

*Please refer to the Grant and Subsidies Policy to review grant guidelines.*

GRANT REQUEST

SECTION 3

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

Team Name: \_\_\_\_\_ Travel Location: \_\_\_\_\_

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.

Teams requesting funding under Youth Travel Sport, please submit a team roster indicating the home address of each player.

<b>Name</b>	<b>Home Address</b>	<b>Birthdate <i>If 18 years or older</i></b>	<b>Post-Secondary Enrollment <i>If 18 years or older</i></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)
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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. 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](mailto:citygrants@stjohns.ca)