## **Department of Community Services**



## YOUTH TRAVEL 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:					
			SECTION 2			
GRANT CATEGORY			SECTION 2			
Grant applying for:	☐ 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	l 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.						
			-			

TEAM ROSTER SECTION 4

Please submit a team roster indicating the home address and birthdate of each player. Attach a separate sheet if more space is required.

Name	Home Address	Birthdate dd/mm/yy	Post-Secondary Enrollment  If 18 years or older

## FUNDING ALLOCATION TABLE

SECTION 5

The City of St. John's offers limited funding for Youth Sport Travel and Youth Non-Sport Travel. The following amounts are available to those who qualify.

Number of Individuals Travelling	Funding Available
1	\$125
2 to 3	\$250
4 to 6	\$500
7 to 9	\$750
10+	\$1000

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CECTION /					
APPLICANT DECLARATION (two signatures required for group/organizations)  SECTION 6					
I AFFIRM THAT the information in this application funding is provided, any change to the organization acknowledge funding and assistance by the City	Il required information is submitted. Incomplete ap n is accurate and complete and the financial inform on program delivery will require prior approval from of St. John's. I understand that the information pro e to respect the spirit and intent of the various acts organization:	nation is fairly presented. I agree that once in the City of St. John's. I agree to publically byided in this application may be accessible			
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					
There is no deadline for Travel Grant applications	S:				
Ensure that you have completed all sections and enclosed all requested documentation. 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 <b>must not exceed 25MB</b> . 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			

ST. J@HN'S