

Community Grant Application

Contact Information

SECTION 1

Organization Name _____

Contact Name _____

Address _____

City _____ Postal Code _____

Tel (home) _____ (work) _____ (cell) _____

Email _____ Website _____

Incorporation Number (first-time applicants to submit proof of Articles of Incorporation and Amendments thereto) _____

Grant Request

SECTION 2

Amount requested from the City _____

Percentage of total budget _____

Have you previously received funding through 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 (e.g., activity, program, event):

Please provide an overview of last year’s programming and progress:

Briefly describe the purpose and objectives of the organization:

Describe the general types of programs and services being offered by the organization:

Do volunteers participate in your programs and services?: Yes No

If yes, please indicate the numbers and type of involvement:

Organizational Background Information Continued

SECTION 3

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

Organization Operating Budget

SECTION 4

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 the current year budget; however, you may submit as an attachment in an alternate format.

Is the fiscal year for your organization January 1 to December 31? Yes No

If no, please identify _____

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

Revenue	Budget for Previous Year	Budget for Upcoming Year	Requested	Confirmed
Federal Government Grants				
Provincial Government Grants				
Private/Other Grants				
Donations				
Adult Membership Revenue				
Other Membership Revenue				
Other Revenue (specify)				
Prior Year Surplus/Deficit				
Sub-Total				-
Requested City Grant				
Total Revenue				

Expenditures	Budget for Previous Year	Budget for Upcoming Year
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 Revenue		
Total Expenses		

Applicant Declaration (two signatures required for groups/organizations)	SECTION 5
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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 publicly 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 and Protection of Privacy 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 _____

Address _____ Date _____

Signature _____

Name _____ Title _____

Address _____ Date _____

Signature _____

Important Information:

Applications must be received no later than 4:00 p.m. on the last Friday in November.

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

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

The subject line for submission should be “City Grant – Community.”

Incomplete applications will be considered ineligible.

CS – Community Grant Application		Community Services
Privacy Notice		SECTION 6
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of grants administration. Questions about the collection and use of the information may be directed to the Manager of Tourism, Culture, and Events: citygrants@stjohns.ca.</p>		
Submissions Information		
<p>Email: citygrants@stjohns.ca with the subject line “City Grants-Community.”</p> <p>Emails including all attachments must not exceed 25MB. Acceptable file formats are: pdf, docx, xlsx, jpg, png, mp3, wav, mp4, mpeg, mov, zip.</p> <p>If you require assistance in submitting your application electronically, please contact citygrants@stjohns.ca</p>		<p>For More Information</p> <p>Email: citygrants@stjohns.ca</p> <p>Call: (709) 570-2186</p>