



Housing Catalyst Fund Grant Application

Individual/Organization Information

SECTION 1

Name of Individual/Organization _____

Contact Person _____

Address _____

Telephone (work) _____ (cell) _____

Email _____ Website _____

Incorporation Number _____

Type of Organization (choose as many as apply):

Housing provider

Non-profit organization

Service provider

Other (please specify) _____

Organization Total Budget _____

Main Funding Sources _____

Member of an Association: Yes No If yes, which _____

Organization Mission Statement (if applicable):

Large empty box for Organization Mission Statement

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 _____

Project Title _____

Project Partners _____

Detailed project description:

Impact of the Project:

How does this project produce, protect, and promote housing solutions?

What needs will this project address?

In what way is this grant essential to the project?

What challenges do you anticipate arising during the project?

We require a detailed balanced budget for your project.

Has your group/organization formally requested funding from any other source for this project?

Yes No

If yes, please provide detail and advise if funding has been confirmed:

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

Summary of Estimated Project Costs

Description	Cost



Proposed Financing of Project

(Anticipated or confirmed revenue from all sources, including, but not limited to other government sources, donations, sponsorships, sales, etc.).

Description	Cost

Project Benchmarks

SECTION 5

Planning/Initiation stage: Start date _____ Completion Date _____

Execution stage: Start date _____ Completion Date _____

Closure stage: Start date _____ Completion Date _____

*Catalyst projects are intended to be concluded within approximately one year.

Please provide two references, either partners on the project or other community organizations with whom you work closely:

Name _____

Organization _____

Position _____

Phone _____ Email _____

Name _____

Organization _____

Position _____

Phone _____ Email _____

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.

We authorize the Community Housing Transformation Centre (the Centre) to collect, store, and share all the elements in this application with the agencies, collaborators and partners of the Centre necessary for the processing of this application and for the proper functioning of the Center's activities, as defined by the Centre, including its publications, public activities and research.

Signatures and contact information of two principal officers of the group or organization:

Name _____ Title _____

Email _____ Phone _____

Signature _____ Date _____

Name _____ Title _____

Email _____ Phone _____

Signature _____ Date _____

Important Information: The deadline for applications is the last Friday of November.

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 grant approval. Questions about the collection and use of the information may be directed to the Affordable Housing Facilitator, Community Services, affordablehousing@stjohns.ca

Please send completed form to:

City of St. John's
Housing Division
St. John's, NL A1C 5M2
Email: affordablehousing@stjohns.ca
Fax: 709-576-8078

For further information:
Affordable Housing Facilitator
Phone: 709-570-2096

