



## 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 \_\_\_\_\_

### Grant Category

### SECTION 2

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

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

### 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.

Team Roster	<b>SECTION 4</b>
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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 yyyy-mm-dd	Post-Secondary Enrollment <i>If 18 years or older</i>

Funding Allocation Table	<b>SECTION 5</b>
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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

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 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 \_\_\_\_\_ City/Province \_\_\_\_\_

Signature \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

**If applicant is a member of a team, this application must be signed by the Team Manager or Coach.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City/Province \_\_\_\_\_

Signature \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

### **Important Information**

There is no deadline for Travel Grant applications:

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

### **Privacy Notice**

**SECTION 7**

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to/for the purpose of the processing of Youth Travel Grant Application. Questions about the collection and use of the information may be directed to Supervisor of Tourism and Events at [citygrants@stjohns.ca](mailto:citygrants@stjohns.ca)

### **Please send completed form by:**

**Email:** [citygrants@stjohns.ca](mailto:citygrants@stjohns.ca)

Emails including all attachments **must not exceed 25MB**. Acceptable file formats are: pdf, docx, xlsx, jpg, png, mp3, wav, mp4, mpeg, mov, zip.

### **For Further Information:**

Email: [citygrants@stjohns.ca](mailto:citygrants@stjohns.ca)

Call: (709) 570-2186