

Contact Information	SECTION 1
----------------------------	------------------

Organization name _____

Contact name _____

Address _____

City _____ Province _____ Postal code _____

Telephone _____ Email _____ Incorporation number _____

Website _____

Grant Request	SECTION 2
----------------------	------------------

Amount requested _____ Capital project budget _____

Capital Project Information	SECTION 3
------------------------------------	------------------

Include the following with your application:

1. A brief description of the capital project including intended use of the funds and benefits of the project.
 - Clearly outline how the capital project will assist in meeting a need in the areas of recreational, cultural, or other community service.
2. Detailed project specific budget.
 - Indicate all sources of funding as either confirmed or pending.
 - Budget must be balanced.
3. Professional quotes for capital work.

Include the following with your application:

4. Organization overview
 - a. Describe the purpose and objectives of the organization.
 - b. Describe the general types of programs and services being offered by the organization.

5. Financial Statements and Budget
 - a. Detailed balanced organizational budget for the upcoming fiscal year.
 - b. Most recent financial statements (professionally prepared audit, review engagement, or notice-to-reader).
 - If not available, organizations must submit their most recent income statement, balance sheet, and statement of cash flows.

Late or incomplete applications will be considered ineligible.

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 organization:

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
Signature _____ Date _____	Signature _____ Date _____

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 Business Growth: citygrants@stjohns.ca.

<p>Application deadline: 4:00 p.m. on the last Friday in November.</p> <p>Please send completed application to:</p>	<p>citygrants@stjohns.ca Subject line: "City Grants-Capital" 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>For further information: Email: citygrants@stjohns.ca Phone: 709-570-2186</p>
---	---	---