Schedule A: COMMUNITY GRANT APPLICATION

Instructions:

- Use this cover sheet as the first page of your application.
- Please submit all documents from the application checklist prior to the annual submission deadline for Developmental or Operational Grants.
  Incomplete submissions may delay consideration of your request for funding.
- If you do not have enough space to answer a question, please attach a separate sheet.
- The policy governing the Town of Florenceville-Bristol grants program is available on the Town's website at www.florencevillebristol.ca.ca or by contacting the Town at (506) 392-6013.
- Please forward complete application to the Chief Administrative Officer/Clerk at the Town of Florenceville-Bristol.
- Deadline to apply: October 31

APPLICATION CHECKLIST

- ☐ A signed original of your **Town of Florenceville-Bristol Community Grant Application.**
- ☐ **Proof of current registration as a non-profit or charitable organization, if applicable.** Include a copy of current Charitable Registration Number from Canada Revenue Agency. If your organization is in the process of applying for registration, please include a copy of your application.
- ☐ A **cover letter**, if you would like to provide additional information about your organization and its goals/objectives. Please do not include bound materials, promotional materials or reports. If additional information is required, you will be contacted during the review process.
- ☐ **Two letters of support** or testimonials are recommended but not required.
- ☐ The most recent **financial statement** for your group/organization.
- ☐ The **current operating budget** for your group/organization.
- ☐ The **operating budget for the upcoming year** for your group/organization.
- ☐ A **report of the activities during the previous year** (Annual Report) for your group/organization.
- ☐ A copy of the **financial statements for the previous year** for your group/organization.
- ☐ A **report on the programs/activities proposed for the upcoming year** for your group/organization.

PART A-APPLICANT INFORMATION

Community group/organization (applicant):	
Title of project:	
Contact name:	Title:
Mailing address:	Telephone: Fax: Email:
Federal Charitable Status Number (if applicable):	

PART B-APPLICANT ORGANIZATION MANDATE

1. **Please briefly describe your organization's mandate/objectives.**

2. **Please describe the community, area and/or group(s) your organization serves.**

PART C-ORGANIZATION/PROJECT/SERVICE INFORMATION

3. **Please describe your organization's specific project, program or service requiring support from the Town of Florenceville-Bristol.**

4. **Please describe the benefits your project, program or service will provide to the Town of Florenceville-Bristol and the community.**

5. **List in-kind contributions that your organization will provide to this project, program or service. Also describe the role of volunteers in the proposed project/program/service. Please include the number of participating volunteers.**

6. **Please describe other grants or support your organization currently receives from the Town of Florenceville-Bristol AND the Province of NB and include amounts received (e.g. property tax exemption).**

PART D-ORGANIZATION/PROJECT/SERVICE BUDGET

Please ATTACH the financial statement or Treasurer's report for the most recent fiscal year in addition to completing this section.

PLANNED EXPENDITURES *(Itemize and list all costs related to your project, program or service)*	**AMOUNT**

TOTAL PLANNED EXPENDITURES	

ANTICIPATED REVENUE *(Itemize and list all revenue sources for your project, program or service)*	**AMOUNT**	
	Requested	**Confirmed**
Federal government support		
Provincial government support		
Municipal government support		
Town of Florenceville-Bristol *(include amount requested in this application)*		

Other municipal governments		
Donations/Fundraising		
Other (please specify)		
TOTAL ANTICIPATED REVENUE		

FUNDING/SUPPORT REQUESTED FROM THE TOWN OF FLORENCEVILLE-BRISTOL *(Please check the type of grant you are applying for and indicate the amount requested)*	**AMOUNT REQUESTED**
☐ Developmental or operational grant	**$**

DECLARATION

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give the Town of Florenceville-Bristol authority to verify any and all information pertaining to this application.

Application prepared by:

Signature	*Print Name*	*Date*

Board authorization (if applicable):

Signature	*Print Name*	*Date*

Town of Florenceville-Bristol approval:

Sarah Pacey, Chief Administrative Officer	*Date*