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| **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 Administrative Services Manager at the Town of Florenceville-Bristol. * Deadline to apply: October 31 |

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| **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 acopy 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. |

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| **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): | | |

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| **PART B-APPLICANT ORGANIZATION MANDATE** |
| |  | | --- | | 1. **Please briefly describe your organization’s mandate/objectives.** | |  | |
| |  | | --- | | 1. **Please describe the community, area and/or group(s) your organization serves.** | |  | |

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| **PART C-ORGANIZATION/PROJECT/SERVICE INFORMATION** | | | | |
| |  | | --- | | 1. **Please describe your organization’s specific project, program or service requiring support from the Town of Florenceville-Bristol.** | |  | | | | | |
| |  | | --- | | 1. **Please describe the benefits your project, program or service will provide to the Town of Florenceville-Bristol and the community.** | | | | | |
| |  | | --- | | 1. **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.** | | | | | |
| |  | | --- | | 1. **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** | |
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| **TOTAL PLANNED EXPENDITURES** | | |  | |
| **ANTICIPATED REVENUE**  *(Itemize and list all revenue sources for your project, program or service)* | | **AMOUNT** | | |
| **Requested** | | **Confirmed** |
| **Federal government support** | | | | |
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| **Provincial government support** | | | | |
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| **Municipal government support** | | | | |
| Town of Florenceville-Bristol *(include amount requested in this application)* | |  | |  |
| Other municipal governments | |  | |  |
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| **Donations/Fundraising** | | | | |
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| **Other (please specify)** | | | | |
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| **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:**

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|  |  |  |  |  |
| *Signature* |  | *Print Name* |  | *Date* |

**Board authorization (if applicable):**

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|  |  |  |  |  |
| *Signature* |  | *Print Name* |  | *Date* |

**Town of Florenceville-Bristol approval:**

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| *Sarah Pacey, Chief Administrative Officer* |  |  | *Date* |