|  |
| --- |
| **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
 |

|  |
| --- |
| **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. |

|  |
| --- |
| **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.**
 |
|       |

 |
|

|  |
| --- |
| 1. **Please describe the community, area and/or group(s) your organization serves.**
 |
|       |

 |

|  |
| --- |
| **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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **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* |