

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 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 <i>(Itemize and list all costs related to your project, program or service)</i>	AMOUNT
TOTAL PLANNED EXPENDITURES	

ANTICIPATED REVENUE <i>(Itemize and list all revenue sources for your project, program or service)</i>	AMOUNT	
	Requested	Confirmed
Federal government support		
Provincial government support		
Municipal government support		
Town of Florenceville-Bristol <i>(include amount requested in this application)</i>		
Other municipal governments		
Donations/Fundraising		
Other (please specify)		
TOTAL ANTICIPATED REVENUE		

FUNDING/SUPPORT REQUESTED FROM THE TOWN OF FLORENCEVILLE-BRISTOL <i>(Please check the type of grant you are applying for and indicate the amount requested)</i>	AMOUNT REQUESTED
<input type="checkbox"/> 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:

_____	_____	_____
<i>Signature</i>	<i>Print Name</i>	<i>Date</i>

Board authorization (if applicable):

_____	_____	_____
<i>Signature</i>	<i>Print Name</i>	<i>Date</i>

Town of Florenceville-Bristol approval:

_____	_____
<i>Sarah Pacey, Chief Administrative Officer</i>	<i>Date</i>