

COMMUNITY GRANT Application

Grant Number:

Organization Name:	Main Contact Name:
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Mailing Address:			
BOX No.	Street No.	Street	Postal Code

Phone #:	Fax #:	Email:
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Name of Project:

Project Description - Outline what the project is, where it will take place, include any partnerships, why it is needed (Provide a separate attachment if necessary):

Make cheque payable to:

Project Start Date:	Number of people to benefit from the project:
Project End Date:	

Will this funding support the development of a new local initiative?	Yes	No
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Have you received funding from the Community Grant before?	Grant amount requested:
Yes No	

Community Impact - Identify the impact this project will directly have on Grand Bay-Westfield residents and what the benefit will be: (Attach additional info if necessary)

How will you acknowledge the Town of Grand Bay-Westfield for grant funds received?

I, the undersigned, assert that the information provided is true and accurate to the best of my knowledge and is in compliance with the terms and conditions of the Town of Grand Bay-Westfield Community Grant.

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Received by: _____ Date: _____

For Office Use Only

Date Application Received: _____	Application Completed in Full?	Yes	No
Grant Number: _____	N Amount Requested: _____		
Resolution Number: _____	Date Approved: _____		
Approved: _\$ _____	Cheque Requisition: _____		
Date Follow-up completed: _____	Eligible for Future Funding?	Yes	No
Mayor Signature: _____			

APPENDIX A – Community Grant Budget Summary

Town of Grand Bay-Westfield Community Grant Budget Summary	
Income	Amount Proposed
Cash	\$
Program Fees (Registration, Admission)	\$
In-kind contributions (please list)	\$
	\$
Other Sources & Grants (if applicable)	\$
1.	\$
2.	\$
Total Income (without Town of Grand Bay-Westfield funding assistance)	\$

Expenditures: (Identify in-kind expenditures with *)	Amount Proposed
Equipment / Materials	\$
Program Support	\$
Wages	\$
Other direct related expenditures (please list):	\$
	\$
	\$
Total Expenditures	\$
Projected Surplus / (deficit) without Town of Grand Bay-Westfield funding assistance	\$
REQUESTED GRANT AMOUNT	\$

OTHER FUNDING SOURCES		
Name of Organizations	Amount Requested	Amount Received
1.	\$	\$
2.	\$	\$
<p>*Upon follow up, copies of receipts must be submitted and calculated as Follow Up Actual's on this form. Variations between Amount Proposed and Follow Up Actual should be explained in the follow up report. The Town of Grand Bay-Westfield should be advised of any major changes in the budget prior to expenditure. This financial statement must show the entire eligible project expenses incurred, not just the amount granted by the Town of Grand Bay-Westfield Community Grant.</p>		