

Application Form

Grants to Non-Profit Organizations



GRANT APPLICATION

Grant Applications must be received **on or before October 1** of the current year to be considered for the following for the following fiscal year.

APPLICANT INFORMATION				
Organization Name:				
Mailing Address:				
Telephone Number:				
Email Address:				
Contact Person Name:				
Contact Telephone Number:				
Contact Email Address:				
ASSISTANCE REQUESTED		\$		
O Financial Support				
O In-Kind Services				
O Combination				
Describe in detail the support requested (cash amounts and/or in-kind services).				

Note: Groups are asked to estimate the number of hours/types of services required.

The Municipality may make adjustments based on actual hours and/or experience from past events.

How will the financial support and/or in-kind services b	pe used?
PROJECT DESCRIPTION A development grant is a one-time grant to fund an ev	vent; program; project or activity that enhances supports,
promotes, informs/educates, celebrates, preserves an	
(Check all that apply to your project):	
O Arts/Culture/Community Heritage	O Community Health and Wellness
O Community Beautification	O Youth/Seniors Supports
O Environmental Sustainability	O Tourism/ Economic Development
Provide a brief description of the event, program or pr	oject.
	program (i.e. Eastern Charlotte residents, children, seniors, persons
with disabilities, low income residents, etc.)?	
How will your proposed event, project or program con	stribute to the Municipality's economy, vision and/or mandate?

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ORGANIZATION'S DETAILS	
Is your organization incorporated as non-profit?	
O No	
O Yes Provide Registration Number:	
Provide a brief history of your organization.	
What are the general objectives/services of your organ	nization?
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List the Executive Officers of your organization:	
Name	Position

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FINANCIAL INFORMATION				
Has your organization rece	ived funding from the Mu	unicipality in prior years?		
O YES O NO				
If yes, indicate past amoun	ts:			
Year	Amount	Purpose		
What other steps are being	z taken to raise funds (i e	grant applications, admission fees, fundraising, etc.)?		
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	ication a budget for the ev			
	_	financial statements from the previous year (for groups showing a stended use of the surplus).		
sarpias, piease me	idde a statement of the in	iteriaca ase of the sarpias).		
The information in this app	dication is to the best of n	my knowledge, true and correct. I acknowledge that the contents of		
this application will be disc				
	•			
Print Name		Title/Position		
		·		

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Date

Signature

Completed applications should be sent to Jason N. Gaudet, CAO

By mail or in person:

Eastern Charlotte 1 School Street St George, NB E5C 3N2

E-mail: info@easterncharlotte.ca

Fax: (506) 755-4329

For question or comment, please call (506) 755-4320

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