

Community Grant Program Application

1. Applicant Information

Name of Agency/Organization/Group: _____

Address: _____

Town: _____ Postal Code: _____

Contact Person: _____ Position/Title: _____

Telephone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

2. Organization Information

Non-profit organization with constitution and bylaws (Y/N): _____

Briefly describe the organization’s objectives: _____

Briefly describe the services the organization provides: _____

Date of last annual general meeting (dd/mm/yy): _____

How long has the organization been in existence (years): _____

How many active members does the organization have: _____

Funding request

Total amount required by this specific project/program: \$ _____

Less amounts contributed by the organization: - _____

Less amounts contributed by other partners: - _____

Partner name: _____ - _____

Partner name: _____ - _____

Amount requested from the Town of Neepawa grant program: \$ _____

3. Current and previous funding

Is the organization receiving funding in the form of cash (C), in-kind (IK), tax exemptions (TE), or any other type from the Town of Neepawa (Y/N): _____ If yes please specify (up to the previous 2 yrs):

Year: _____ Type: _____ Amount: _____ Purpose: _____

Year: _____ Type: _____ Amount: _____ Purpose: _____

Year: _____ Type: _____ Amount: _____ Purpose: _____

Indicate the outcome(s) of the organization’s funded projects/programs: _____

4. Grant Request

Under which Funding Category are you applying under: (Circle One Only)

1. Direct Award Grant	2. Strategic Plan Grant
3. In-Kind Contribution Grant	4. Special Events Grant
5. Community Event Grant	6. Micro Grant

Briefly describe the project/program for which the organization is requesting this grant: _____

Project/programs goals and timelines: _____

Describe the project/program target population (age/sex/language/disability etc.): _____

Briefly describe how the project/program supports the Town’s “Framework for our Future” strategic plan and vision statement: _____

Are there projects/programs/services of a similar nature being offered in the community (Y/N) _____ and if so how will the organization's project/program complement, enhance, or differ from those other projects/programs/services: _____

Which other businesses/organizations are involved in this project/program? Please describe which and their roles: _____

Describe how this project/program will be sustainable past the grant time period: _____

5. Grant Outcomes

How many people will directly benefit from this request: _____

Age categories of residents that will benefit from this request:

Children (0-12): _____ Youth (13-19): _____ Adults (20-44): _____ Adults (45-65): _____ Seniors (65+ yrs): _____

Describe the anticipated outcomes of this project/program, both short term and long term: _____

If the project/program is an event or series of events:

Number of anticipated out of town participants: _____ Anticipated duration of stay: _____

Nature of participation: _____

6. Assistance to other organizations

If the organization provides financial assistance to other organizations or groups please list:

Groups/organizations: _____

7. Financial Information

Provide the most current financial information:

Balance sheet and Income statement for the immediate preceding year - Please attach.
Note: Audited/Reviewed financial statements are preferred, if available.

Budgeted income statement or statement of financial activities for the current grant year

	Amount	Confirmed	Potential
Revenue:	\$	Please ✓ applicable column	
Federal and/or provincial grants (specify ministry and program)			
Other federal and/or provincial funding (specify)			
Community grants			
Town of Neepawa – cash (specify each component and timeline)			
Town of Neepawa – in-kind (specify each component, facility, and timeline)			
Other local governments (specify municipality and each component)			
Non-government			
Earned income			
User fees			
Fundraising			
Foundations (specify)			
Private donations			
Other (specify)			

Applicant organization's contributions to the project/program			
Cash			
In-kind (other)			
Total Revenue			
Expenses			
Salaries and benefits			
Administration			
Rent or mortgage			
Program/project supplies			
Advertising and promotion			
Other (specify)			
Total Expenses			

Note: The budget must balance. Expenses must be equal to revenue.

8. Grant Conditions

We hereby certify that, to the best of our knowledge, the information provided in this application is accurate and complete and is endorsed by the organization we represent. If our organization receives a community grant we acknowledge and agree to the conditions set out below and to any other conditions approved by Council:

- 1) Applications for community grants must be submitted on the fully completed standard grant application with financial information attached as applicable. At the discretion of the Town, partially completed applications or applications not on the standard form may be delayed or refused.
- 2) In the event that grant funds are not used for the intended project/program, or remain unspent, the Town reserves the right to request a return of the approved funding in entirety or in part.
- 3) In the event that the grant funds are expended inappropriately, the Town reserves the right to disqualify an organization from all subsequent support of any kind.
- 4) The Town of Neepawa reserves the right to use any information related to the organization and the grant assistance to the organization in its promotions and advertising. The use of any such information will be at the discretion of the Town and may be done so without permission of the organization.

- 5) Grants for consecutive and future years will be based on past-demonstrated fiscal grant accountability and responsibility of the organization.
- 6) Funds granted under this program are not transferable between projects or groups without prior Council approval, and must be used for the specific purposes outlined.
- 7) Once a grant is approved, the organization hereby acknowledges that it will make, and will continue to make, attempts to secure funding from other sources as indicated in the application.

Signatures

By signing below the representatives of the organization thereby acknowledge that they have fully read and understand the policy conditions and agree to be bound by them and that the information included in this application is true and correct to the best of their knowledge.

_____	_____	_____
Signature	Name and position	Date
_____	_____	
Telephone	email	
_____	_____	_____
Signature	Name and position	Date
_____	_____	
Telephone	email	

All completed applications, reporting forms, and applicable correspondence should be forwarded in accordance with timelines specified herein to the attention of the CAO at the Town of Neepawa Administration Office.