

COMMUNITY GRANT APPLICATION

Community Grant Intakes – Grant applications will be presented to Council in January and August of each year. Applications received by the first day of January and August will be presented later that month.

Applicant Information

Organization			
	<i>Legal Name of Organization</i>		
Address			
	<i>Street Address</i>	<i>City</i>	<i>Province</i> <i>Postal Code</i>
Contact Information			
	<i>Name of Primary Contact</i>	<i>Phone Number</i>	<i>Email</i>

Applicant Eligibility Checklist

	Yes	No
Is your organization a not-for-profit?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization operate in and provide services to residents of the City of St. Thomas?	<input type="checkbox"/>	<input type="checkbox"/>
Is the mandate of your organization the responsibility of provincial or federal levels of government where funding has been withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>
Is your organization in arrears to the City?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization serve as an intermediary that provides financial grants to others?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization currently receive funding from the City extraneous to the Community Grants Program?	<input type="checkbox"/>	<input type="checkbox"/>

Project, Initiative or Event Eligibility Checklist

	Yes	No
Is your grant request to fund day-to-day operating costs of your organization?	<input type="checkbox"/>	<input type="checkbox"/>
Does the project, initiative, or event take place outside the St. Thomas?	<input type="checkbox"/>	<input type="checkbox"/>
Is your project an annual fundraising drive or event?	<input type="checkbox"/>	<input type="checkbox"/>

General Grant Information

Type of Grant Being Requested *(check and describe all that apply)*

A) Cash Grant	<input type="checkbox"/>	
		<i>Amount of Cash Grant Request (if applicable)</i>
B) Waiver of Fees	<input type="checkbox"/>	
		<i>Description of Fees Requested to be Waived (if applicable)</i>
C) In-Kind Services	<input type="checkbox"/>	
		<i>Description of Requested Municipal Services to be Donated (if applicable)</i>

Detailed Grant Information

Briefly describe the nature, timing and estimated number of participants for the project, initiative or event.

Describe how a cash grant would be spent or in-kind municipal services would be used.

Describe other sources of funding being used for the project, initiative or event (if applicable).

How will the project, initiative or event benefit the City of St. Thomas and its residents?

Provide any other details which support your application (if applicable).

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in application rejection or reimbursement of funds.

Signature: _____ Date: _____

Inquiries and applications can be submitted to grants@stthomas.ca.