

COMMUNITY GRANT APPLICATION

Please read the Community Grants Policy to determine eligibility before submitting your application.

Applicant Information

Organization

Legal Name of Organization

Address

Street Address

City

Province

Postal Code

Contact Information

Name of Primary Contact

Phone Number

Email

Applicant Eligibility Checklist

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mandate of your organization the responsibility of provincial or federal levels of government where funding has been withdrawn?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

Project, Initiative or Event Eligibility Checklist

	Yes	No
Is your grant request to fund day-to-day operating costs of your organization?	☐	☐
Does the project, initiative, or event take place outside the St. Thomas?	☐	☐
Is your project an annual fundraising drive or event?	☐	☐

General Grant Information

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

A) Cash Grant ☐

Amount of Cash Grant Request (if applicable)

B) Waiver of Fees ☐

Description of Fees Requested to be Waived (if applicable)

C) In-Kind Services ☐

Description of Requested Municipal Services to be Donated (if applicable)

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.