

Schedule C: COMMUNITY INVESTMENT IN-KIND GRANT APPLICATION

Instructions:

- Use this cover sheet as the first page of your application.
- The policy governing the District of Carleton North Community Investment program is available on the Town's website at www.carletonnorth.com/policies or by contacting the Town at (506) 392-6763.
- **Please apply at least four (4) weeks prior to required date for requests of \$500 value or less, and at least six (6) weeks prior to required date for requests over \$500.**
- Please forward completed application to:

District of Carleton North
Attn: Director of Corporate Affairs
19 Station Road
Florenceville-Bristol, NB E7L 4L7
Email: amy.mcintosh@carletonnorth.com
Fax: 506-392-5211

APPLICATION CHECKLIST

- ☐ A signed original of your **Community Investment In-Kind Grant Application**.
- ☐ A **report of the activities during the previous year** (Annual Report) for your group/organization.
- ☐ A **report on the programs/activities proposed for the upcoming year** for your group/organization.

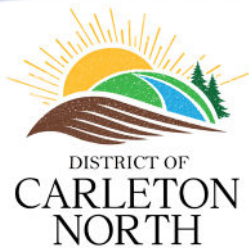
PART A-APPLICANT INFORMATION

Community group/organization (applicant):

Title of project:

Contact name:

Title:



19 Station Road, Florenceville-Bristol, NB E7L 3J8
T: 506.392.6013 F: 506.392.5211

Mailing address:	Telephone: Fax: Email:
Federal Charitable Status Number (if applicable):	

IN-KIND SUPPORT REQUESTED FROM THE DISTRICT OF CARLETON NORTH

Please check all that apply and briefly describe your requirements.

☐ Staff time:

☐ Services:

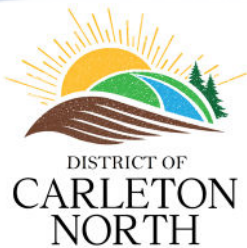
☐ Equipment:

☐ Facilities:

☐ Other:

PROJECT DESCRIPTION

Provide a brief description of the project for which you require the resources and why they are needed.



19 Station Road, Florenceville-Bristol, NB E7L 3J8
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DECLARATION

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give the District of Carleton North authority to verify any and all information pertaining to this application.

Application prepared by:

_____	_____	_____
<i>Signature</i>	<i>Print Name</i>	<i>Date</i>

Board authorization (if applicable):

_____	_____	_____
<i>Signature</i>	<i>Print Name</i>	<i>Date</i>

District of Carleton North approval:

☐ Application approved for use of: _____

To the following organization: _____

☐ Application denied

_____	_____
<i>Director of Corporate Affairs</i>	<i>Date</i>