DISTRICT OF
CARLETON NORTH

Schedule A: COMMUNITY INVESTMENT
OPERATING GRANT APPLICATION

Instructions:

- Use this cover sheet as the first page of your application.

- Please submit all documents from the application checklist prior to the annual submission deadline for Annual Operating Grants.

- **Incomplete submissions may disqualify your request for funding.**

- If you do not have enough space to answer a question, please attach a separate sheet.

- The policy governing the District of Carleton North Community Investment program is available on the Town's website at https://carletonnorth.com/town-hall/policies-2/ or by contacting the Town at (506) 392-6763.

- 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

Organization Name:

☐ Your District of Carleton North **Operating Grant Application** delivered in person, mailed, emailed or faxed.

☐ **Proof of current registration as a non-profit or charitable organization, if applicable.** Include a copy of current Charitable Registration Number from Canada Revenue Agency. If your organization is in the process of applying for registration, please include a copy of your application.

☐ For requests over $5,000, the most recent **financial statement** for your group/organization (showing all revenue and expenses).

☐ The **current operating budget** for your group/organization (showing all revenue and expenses).

☐ A **report of the activities during the previous year** (Annual Report) for your group/organization.

☐ The organization has a volunteer board of directors.

☐ This organization has been in operation for more than one year.

PART A: APPLICANT INFORMATION

Community group/organization (applicant):

Title of project:

Contact name:	Title:
Mailing address:	Telephone: Fax: Email:

Federal Charitable Status Number (if applicable):

PART B: APPLICANT ORGANIZATION INFORMATION

All applications will be evaluated based on the information provided in this application.

1. Briefly describe your organization's mandate/objectives.

2. Describe the community, area and/or group(s) your organization serves.

PART C: DETAILS OF SUPPORT BEING REQUESTED

3. Requested amount of funding.

$

4. What type of expenses will the Community Investment be put towards? (Select one)

☐ Programming and Operational Support (power bill, insurance, maintenance, programming, etc.) – Specify the Operating expense type: _____

COMPLETE PART D ONLY

☐ Project costs (construction, renovations, events, etc.) – **COMPLETE PARTS D AND E**

PART D: ORGANIZATION'S FISCAL REQUIREMENTS

All applications will be evaluated based on the information provided in this application.

5. **Does your organization generate revenue and raise funds (fundraising activities, charge admission to events/programs, membership dues, apply for grants, etc.)? if so, provide details and amounts.**

6. **Provide details of partnerships with local businesses. (businesses who cover some costs, advertise your events, etc.)**

7. **What types of programs does your organization offer, and how often are they held?**

Youth and Seniors:

Sport & Recreation:

Musical and Cultural Events:

Community Celebrations and Events:

Tourism:

Other:

8. **How many volunteers are in your organization, and approximately how many hours per month are volunteered in total?**

Volunteers:

Average # hours/month:

9. Does your organization have a property to maintain?

Grounds to maintain (ballfields, rinks, etc):

A building that is used to deliver programs and host events:

Other:

10. State property assessed value and property tax expense.

PID or Property Address:

Property Assessed Value: $

Property Tax Expense: $

PART E: PROJECT DETAILS (Not required for Programming or Operational Support)

All applications will be evaluated based on the information provided in this application.

11. Describe your organization's specific project requiring support.

12. Describe the benefits your project will provide to the District of Carleton North.

13. Will you partner with other organizations or businesses on your project?

14. PROJECT EXPENSES: Outline the planned expenditures for your project.

15. PROJECT REVENUE: List any other funding sources to which you have applied for this project, including amount, funding agency, and status of those applications.

COMMUNITY INVESTMENT REQUESTED FROM THE DISTRICT OF CARLETON NORTH *(Select one)*	REQUESTED
16.	
☐ Operational support	$
17.	
☐ Project costs	$
18.	

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:

Signature	*Print Name*	*Date*

Board authorization (if applicable):

Signature	*Print Name*	*Date*

District of Carleton North approval:

☐   Application approved for: $_____

   To the following organization: _____

☐   Application denied

Director of Corporate Affairs	*Date*