

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

# 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 <u>www.carletonnorth.com/policies</u> 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: Chief Administrative Officer 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:



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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:			
	racinties.			
	Other:			
PROJECT DESCRIPTION				
Provide a brief description of the project for which you require the resources and why they are needed.				



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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:

Signature	Print Name	Date
Board authorization (if applicable):		
Signature	Print Name	Date
District of Carleton North approval:		
Application approved for use of:		
To the following organization:		
Application denied		
Chief Administrative Officer		Date