

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 <https://carletonnorth.com/town-hall/policies-2/> 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:

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.

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