



19 Station Road, Florenceville-Bristol, NB E7L 3J8  
T: 506.392.6763 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 <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](mailto: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:<br>Fax:<br>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:**

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*Signature* *Print Name* *Date*

**Board authorization (if applicable):**

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*Signature* *Print Name* *Date*

**District of Carleton North approval:**

Application approved for use of: \_\_\_\_\_

To the following organization: \_\_\_\_\_

Application denied.

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*Chief Administrative Officer* *Date*