



## General Statement of Policy:

The Municipality of Blacks Harbour recognizes the importance of community based groups and/or organizations and may consider grant and/or donation applications from groups and or organizations requiring funds for work, which provide benefit for the citizens of the Village of Blacks Harbour.

### Application Procedure

- (a) Grant and/or donation requests must be in writing and must be received in the Village Office not later than November 13, 2020 at 12 noon of the year before which the grant/donation is requested.
- (b) Each and every organization placing a request, shall submit a financial statement for their latest completed fiscal year with application.
- (c) If their latest fiscal year ended more than one month prior to the November 13th deadline then a statement of all assets and liabilities shall accompany the application and most recent audited financial statement.
- (d) Each application shall contain an outline of the anticipated budget for the next year and the purposes for which the grant/donation will be used.
- (e) Applications must clearly demonstrate how the funds will benefit the residents of Blacks Harbour.



VILLAGE OF BLACKS HARBOUR

GRANT/DONATION – APPLICATION FORM

Date: \_\_\_\_\_

1. Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

2. Contact person: \_\_\_\_\_

Position in Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Organization Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

3. Objectives & Purpose of the Organization:

4. Organization description (include area served, number of people involved, location of programs and volunteer involvement):
  
5. Please attach a copy of the current year's audited financial statement.
  
6. Grant/donation requested from the Village of Blacks Harbour: \$ \_\_\_\_\_
  
7. Outline the purpose for which the grant/donation is being requested:
  
  
  
  
  
  
  
  
  
  
8. Have you contacted any other government department, agency or association for assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of organization: \_\_\_\_\_

Result of request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. I certify that, to the best of my knowledge, the information provided by me in this application is accurate and complete and that the project is endorsed by the organization I represent.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

(print or type)

Signature of organization Chairperson (if different from above):

\_\_\_\_\_

Dated: \_\_\_\_\_

