

Photo Copywrite: City of Corner Brook

City of Corner Brook

COMMUNITY GRANTS

2019

### 

Community Grant Application

If you have questions, need additional assistance, or have suggestions contact

Finance & Administration

City of Corner Brook

5 Park Street

Phone: 709-637-1512

City of Corner Grant Program Information

Annually, as part of the budget process the City of Corner Brook awards grants intended for programs and events by community organizations. The grant program is intended to provide financial assistance toward projects or events that enhance the quality of life for residents of Corner Brook, and further strategic goals. It is NOT the intent of the City to provide recurrent sustainable funding to any organization.

Program or Event title:

Start and end date:

Summary-Please provide a short description and activities of the proposed project/event (bullets or a short sentence)

Project Budget

Including-Please provide the revenue/expenses and amount requested from the City for the proposed project/event.

|  |
| --- |
| TOTAL Project or Event BUDGET $\_\_\_\_\_\_\_\_\_\_\_\_\_\_    TOTAL AMOUNT REQUESTED FROM THE CITY OF CORNER BROOK $\_\_\_\_\_\_ |

Project or Event Alignment:

The current City of Comer Brook’s grant focus is Tourism and Downtown Development, Green Initiatives, and Health and Wellness.

Which area does is your project/event support?

|  |  |  |
| --- | --- | --- |
| Tourism and Downtown Development Project/Event that draws people to the Downtown or attracts tourists to our City | Green Initiative Project/Event that will help build an environmentally sustainable City or green initiate | Health and Wellness Project/Event that improve the health and wellness of the City of Corner Brook citizens |

How does it align with the City of Corner Brook’s focus?

Outcomes and Measurement

List the Outcomes:

Project/event related goals and outcomes

1.

2.

3.

What do you want to accomplish?

Measurements

How are you measuring success?

Community Partnerships

 What relevant partnerships does your organization have and how do you cost share or support each other?

Community Impact

How does your program or project meet a community need? Does the project or event have a large impact on residents? Explain? Outline the benefits.

Additional Information

* ·Add any other applicable documents strengthen your application
* ·Financial statements, organizational strategic plan, insurance certificate
* ·Current Board of Directors list, proof of incorporation, minutes of most recent Annual General Meeting.

Applicant Signature and title

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

Signature Title

I agree to submit a final Grants Accountability Statement/Report at the end of the project including at least 3 high quality digital photos that the City of Corner Brook has rights to publish within 60 days of the project/ event completion.

Organizational Capacity and Description

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Description  Please provide a brief description of the organization, mission, collaboration or network and the work you do | | | |
| Have you previously received City of Corner Brook funding? | | ¨Yes | ¨No |
| When did you receive funding | | Date |  |
| How many staff does your organization have? | |  | |
| Is your organization primarily run by volunteers? | | ¨Yes | No |
| How many volunteers do you have?\_\_\_\_ | Is your organization a registered charitable organization? \_\_\_\_\_ | | |

Organization Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name: |  | Mailing Address: |  |
|  |  |  |  |
| Executive Director Name: |  | Phone Number: |  |
| Email |  |
|  |  |  |  |
| Board Chair or Treasurer |  | Phone Number: |  |
| Email |  |
|  |  |  |  |
| Staff contact : |  | Phone Number: |  |
| Email |  |