

**General Statement of Policy:**

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

**I. Application Procedure**

- (a) Grant and or donation requests must be in writing and must be received in the Village Office not later than October 1<sup>st</sup> 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 October 1<sup>st</sup> 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.**

**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.

Grant/donation requested from the Village of Blacks Harbour: \$\_\_\_\_\_

6. Outline the purpose for which the grant/donation is being requested:

7. Have you contacted any other government department, agency or association for assistance?

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

If yes, Name: \_\_\_\_\_

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

\_\_\_\_\_

8. 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: \_\_\_\_\_

Note: (1) Funds must provide benefits for the citizens of the Village of Blacks Harbour (Policy 14).

(2) Deadline for application is October 1<sup>st</sup> of the year before the funding is required.