## **Community Grants Program**





Green / Environmental Organization Grant Application

Please return completed form and a copy of any all required documentation to info@paradise.ca.

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SECTION 1 – CONTACT INFORMATION					
Organization Name					
Contact Name					
Mailing Address					
Town / City		Postal Code			
Primary Phone #		Secondary Phone #			
Email Address					
Organization Website					
Incorporation Number					
Note: first-time applicants t	to submit Articles of Incorporation and a	applicable Amendments with	their App	olication	
SECTION 2 – GRANT R	REQUEST INOFRMATION				
Amount Requested		Percentage of total Bu	dget		
Please provide a descr	ription of the intended use of the	requested grant (i.e., pr	ograms	s, services, events)	

SECTION 3 – ORGANIZATION INFORMATION					
Provide the purpose, objectives and goals of the organization and the types of programs and services offered to Paradise residents? How does your organization benefit the community?					
	_				
Does the organization's programs involve voluenteers?	Yes 🗆	No 🗆			
Please indicate the type of voluenteer involvement, as well	I as the numbers involved?				
Please provide a breakdown of registration numbers for this year and current for the various programs offered by your organization. Please include the total number of members who are Paradise residents.					

SECTION 4 – BUDGET	INFORMATION						
Applications must also following template is a information as attachn	vailable to prov						
Is the fiscal year for yo	our organization	Januar	y 1 to December 31?	Yes		No	
If no, please specify de							
Operating Budget Info	rmation						
Revenue	Budget for Previous Year		Budget for Upcoming Year Requeste		sted Confrimed		
Federal Government Grants							
Provincial Government Grants							
Private/Other Grants Donations							
Adult Membership							
Revenue Other Membership							
Revenue Other Revenue							
(specify)							
Prior Year Surplus/Deficit							
Sub-Total							
Requested Town Grant							
Total Revenue							
Budget Information – Expenditures							
Expenditures		Budget for Previous Year			Budget for Upcoming Year		
Salaries and Benefits							
Office and Equipment	Supplies						
Other Expenses							
Facility Rental							
Equipment Costs							
Insurance							
Travel/Conferences							
Interest and Bank Cha	rges						
Professional Fees			-				
Total Expenses				·			·

Total Revenue					
Total Expenditure					
SECTION 5 - APPLICAL	NT DECLARATION (TWO SIGNAT	TURES REQUIRED)			
It is the responsibility of the applicant to ensure all required information is submitted. Incomplete applications will be considered ineligible.  I affirm that the information in this application is accurate and complete, and the financial information is not misrepresesented. I agree funding and assistance by Town of Paradise will be publicly acknowledged, and understand that the information provided on this application may be accessible under the Access to Information and Protection of Privacy Act.					
Signature (one)					
Name		Title			
Address		Date			
Signature					
Signature (two)					
Name		Title			
Address		Date			
Signature					
f you require assistance in completing or submitting your application, please contact info@paradise.ca					

Privacy Notice: Personal information collected via this form is authorized under Part III of the Access to Information and Protection of Privacy Act, 2015, and is needed for the purpose of grants program administration and used only for the administration of this program. If you have any questions about the collection, use and disclosure of your personal information, please contact the Town at atipp@paradise.ca.

OFFICE USE ONLY			
Application Approval	Date of Approval	Signature	