Community Grants Program

Recreation Organization Grant Application

Sports Organization Grant Application



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

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ervices, events?)

SECTION 3 – ORGANIZATION INFORMATION				
Please provide the purpose and objectives of the organization and the types of programs offered to Paradise residents?				
Does the organization's programs involve voluenteers?	Yes 🗆	No 🗆		
Please indicate the type of voluenteer contribution, as well as the	numbers involved?			
•				
Please provide a breakdown of registration numbers for last year a (e.g., by level and / or age group). Please include the total number	and current, including all per of members who are Par	programs offered radise residents.		

SECTION 4 – BUDGET INFORMATION								
Applications must also include local organization financial statements for the previous year and current. The following template is available to provide this information. Alternativly, your organization may submit the requested information as attachment.								
Is the fiscal year for the organization Jan			Dec. 31?	Yes]	No	
If not, please specify de								
Operating Budget Inform	mation							
Revenue	Budget for Previous Year		Budget for Upcoming Year		Requested		Con	frimed
Federal Government Grants								
Provincial Government Grants								
Private/Other Grants								
Adult Membership								
Other Membership Revenue								
Other Revenue (specify)								
Prior Year Surplus/Deficit								
Sub-Total								
Requested Town Grant								
Total Revenue								
Expenditures		Budge	t for Previous	Year		Budget for	r Upcomin	ng Year
Salaries and Benefits								
Office and Equipment S	Supplies							
Other Expenses								
Facility Rental								
Equipment Costs								
Insurance								
Travel/Conferences								
Interest and Bank Charg	ges							
Professional Fees								
Total Expenses								
Total Revenue								
Total Expenditure								

SECTION 5 - SPORT GRANT APPLICANT DECLARATION (TWO SIGNATURES 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						

If 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 sports 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	