



Community Organization Grant Application Community Grants Program

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

SECTION 1 – CONTACT INFORMATION			
Organization Name			
Contact Name			
Mailing Address			
Town / City		Postal Code	
Primary Phone #		Secondary Phone #	
Email Address			
Organization Website			
Incorporation Number			
<i>Note: first-time applicants to submit Articles of Incorporation and applicable Amendments with their Application</i>			
SECTION 2 – GRANT REQUEST INFOFRMATION			
Amount Requested		Percentage of total Budget	
Please provide a description of the intended use of the requested grant (i.e., programs, 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 volunteers?

Yes

No

Please indicate the type of volunteer involvement, as well 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 include local organization financial statements for the previous year and current. The following template is available to provide this information. Alternatively, organizations may submit the requested information as attachment.

Is the fiscal year for your organization January 1 to December 31? Yes No

If no, please specify details:

Operating Budget Information

Revenue	Budget for Previous Year	Budget for Upcoming Year	Requested	Confirmed
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 Charges		
Professional Fees		
Total Expenses		

Total Revenue			
Total Expenditure			
SECTION 5 - APPLICANT DECLARATION (TWO SIGNATURES REQUIRED)			
<p><i>It is the responsibility of the applicant to ensure all required information is submitted. Incomplete applications will be considered ineligible.</i></p> <p>I affirm that the information in this application is accurate and complete, and the financial information is not misrepresented. 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.</p>			
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 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	