

## **Arts Organization Grant Application**

Community Grants Program

Please return completed form and a copy of any all required documentation to <a href="mailto:info@paradise.ca">info@paradise.ca</a>.

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	to subr	mit Article	es of Incorporation an	d applicable Amendme	ents with the	eir Application	
Discipline / Organization F	ocus						
Dance			Film		Literature		
Music		☐ Theatre			Visual		
Other							
SECTION 2 – GRANT RI	EQUES	T INOFF	RMATION				
Grant Amount Requeste	ed			Percentage of total Budget	al		
Please provide the intended use of the grant requested.							

SECTION 3 – ORGANIZATION INFORMATION					
Please provide the organization's mandate and mission / vision.					
Please provide an overview of the organizations program benefit or support Paradise residents.	ming and se	ervices. How do these pro	grams and s	ervices	
	Ι				
Does the organization's programs involve voluenteers?	Yes		No		
Please indicate the type of voluenteer involvement, as well as the numbers involved?					

If applicable, please provide a breakdown of membership numbers for last year and the current year. Please provide the number of members who are Paradise residents.								
SECTION 4 – BUDGET	INFORMATION							
Applications must also include local organization financial statements for the previous yearand current. The following template is available to provide this information. Alternativly, organizations may submit the requested information as attachment.								
Is the fiscal year for th	e organization J	an. 1 to	Dec. 31?	Yes			No	
If not, please specify d	letails							
Operating Budget Info	rmation							
Revenue	Budget for Previous Year		Budget for Upcoming Year		Requested		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								
Expenditures		Budge	et for Previo	us Year		Budget for Upo	oming Year	
Salaries and Benefits								
Office and Equipment	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 - ARTS GRA	ANT APPLICAN	T DECLARATION (	TWO SIGNATURES R	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 artist organization grants program administration and is 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 <a href="mailto:atipp@paradise.ca">atipp@paradise.ca</a>.

OFFICE USE ONLY			
Application Approval	Date of Approval	Signature	