



## Sports / Recreation Organization Grant Application Community Grants Program

Please return completed form and a copy of any all required documentation to [info@paradise.ca](mailto:info@paradise.ca).

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

**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 volunteers?**

Yes

No

**Please indicate the type of volunteer contribution, as well as the numbers involved?**

**Please provide a breakdown of registration numbers for last year and current, including all programs offered (e.g., by level and / or age group). 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, your organization may submit the requested information as attachment.

Is the fiscal year for the organization Jan. 1 to Dec. 31?      Yes            No     

If not, 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				

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 – 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 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.

**Signature (one)**

<b>Name</b>		<b>Title</b>	
<b>Address</b>		<b>Date</b>	
<b>Signature</b>			

**Signature (two)**

<b>Name</b>		<b>Title</b>	
<b>Address</b>		<b>Date</b>	
<b>Signature</b>			

If you require assistance in completing or submitting your application, please contact [info@paradise.ca](mailto: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](mailto:atipp@paradise.ca).

**OFFICE USE ONLY**

Application Approval		Date of Approval		Signature	
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