

Town of Portugal Cove – St. Philip's Recreation and Community Services Dept

1119 Thorburn Road Portugal Cove-St. Philip's, NL A1M 1T6 Telephone: (709) 895-8000 Fax: (709) 895-3780 website: www.pcsp.ca e-mail: pcsp@pcsp.ca

Community Grant Application

To make a request for donation from the Town of Portugal Cove – St. Philip's please review the information provided, complete the forms and return them to the address provided.

- All requests for donations must be submitted in writing and will be judged on their own merit, but the following will apply when making considerations.
- An amount, determined annually during budget preparation, will be set aside for causes that will benefit the community and its residents.
- Donations to provincial and federal registered charities will be at the discretion of Council.
- When money is requested for travel purposes, preference will be given to individuals or teams who have won or earned the right to represent their community, region, province or country based on the following scales:

Individuals:

Individuals must be residents of the Town and donations will be given for each individual to a maximum of two individual members of a non-town team. Individual donations are as follows:

- \$50.00 for a local, community or regional event
- \$75.00 for a provincial event
- \$100.00 for a national/international event

Teams:

Teams must be representatives of the Town and be recognized as a Town based team with a majority of its members being residents of the town. Team donations are as follows:

- \$150 for a local, community or regional event
- \$200 for a provincial event
- \$250 for a national/international event
 - Community activities that are organized by groups within the Town will be supported
 when possible, with special consideration given to events that are organized for families
 and youth. Donations may be at Council's discretion in the form of a monetary donation
 ranging from \$25 to \$100 maximum and /or in the form of 'in kind' donations in the form of
 facility rentals where appropriate.
 - \$500 of the budgeted amount will be set aside annually to be used at Council's discretion for donations for educational and/or library purposes in the Town.
 - Funds will be allocated for individuals or 'special' interest groups established for the
 purpose of fundraising for health, medical, emergencies and/or disasters. Where deemed
 eligible under this clause the amount per occurrence will not exceed \$1,000.



COMMUNITY GRANT APPLICATION FORM

Ot. 1 mmp s	Team Request	Individual Request					
CONTACT INFORMATION	l (for payment)		*Team & Individua				
Name of Individual/team/ Organization							
Contact Person	Title						
Address							
City/Town		Postal Code					
Telephone (home)	(work)	(cell)					
Email		Fax					
APPLICANT INFORMATIO	N (MAX. 2 PLAYERS / MEMBERS) See C	Grant Application Guidelines	*Individual				
1. Name	Title	Date (yyyy-mm	-dd)				
Address	City/Prov.	Postal Code					
Signature							
2. Name	Title		-dd)				
Address	City/Prov.	Postal Code					
Signature							
DESCRIPTION (Please in	nclude purpose of funding and team / ind	lividual information.)					

GRANT DETAILS								
<u>Amount</u>								
Financial request from the Town \$								
<u>Purpose</u>								
□ Team Travel (please indicate destination) ○ Regional ○ Provincial ○ National ○ International								
Registration								
Facility Rental (please indicate facility)								
☐ Sponsorship								
☐ Charity								
Personal Donation								
FUNDING SOURCES								
1. Has your group / organization formally requested funding from any other source for the forthcoming year?								
2. Has your group / organization been successful in obtaining funding from these sources?								
Source	Description	Name		Amount Requested	Pending			
Federal Government	Department			\$				
	Department			\$				
	Crown Agency			\$				
Provincial Government	Department			\$				
	Department			\$				
	Crown Agency			\$				
Private Sector	Company Name			\$				
	Company Name			\$				
			TOTAL	\$				
FOR OFFICE USE ONLY Department								
Motion # ☐ Recreation ☐ Admin/Fin. ☐ Public Works ☐ Plan./Dev.								
Council Meeting Date (yyyy-mm-dd) Budget								
Account #								

PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS AND ENCLOSED ALL REQUESTED DOCUMENTATION.
INCOMPLETE APPLICATIONS WILL BE CONSIDERED INELIGIBLE.

Completed applications may be submitted to pcsp@pcsp.ca For further information call 895-8000 ext. 4