

LABRADORCITY

Community Grant Application Form

Important: This application form must be completed in full. Incomplete applications may not be considered. Funding is subject to Council approval and availability of funds in the approved municipal budget.

Organization Information

Legal Name of Organization:

Operating / Common Name (if different):

Mailing Address:

Physical Address (if different):

Primary Contact Person:

Name:

Title:

Phone:

Email:

Alternate Contact Person:

Name:

Phone:

Email:

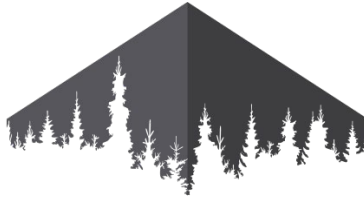
Legal Status (check one):

☐ Non-Profit Organization

☐ Registered Charity

Registration / Charity Number:

Year Organization Was Established:



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Organizational Capacity and Governance

Brief Description of Organization and Mandate:
(Include mission, key programs, and services.)

Board of Directors / Executive Committee:
(List names and positions.)

Number of Active Volunteers:

Number of Paid Staff (if any):

Grant Request Overview

Title of Project / Initiative:

Total Project Cost:
\$ _____

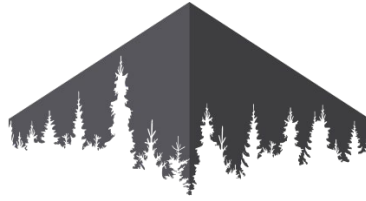
Amount Requested from the Town of Labrador City:
\$ _____

Project Start Date:

Project End Date:

Has your organization received funding from the Town of Labrador City in the past?
☐ Yes ☐ No

If yes, list year(s), amount(s), and purpose(s):



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Project Description

Detailed Description of the Project / Initiative:

(What will be done, how it will be delivered, key activities, and timelines. Attach additional pages if required.)

Community Need:

(Explain the need this project addresses and why it is important to Labrador City residents.)

Target Population:

(Who will benefit from this project? Approximate number of Labrador City residents served.)

Alignment with Municipal Priorities:

(Explain how this project aligns with Council priorities or the Town's Strategic Plan.)

Budget Information

Project Budget:

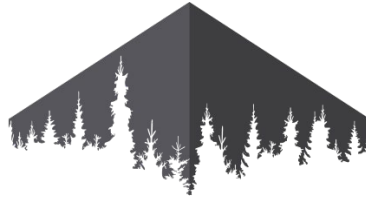
(Complete the Project Budget Template in Appendix A and attach to this application.)

Other Funding Sources:

(List confirmed and pending funding from other sources, including in-kind contributions.)

Is this grant supplementary to your organization's primary funding?

☐ Yes ☐ No



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Partnerships and Collaboration

Project Partners (if any):
(List partners and describe their role.)

Volunteer Involvement:
(Describe the role and number of volunteers involved in the project.)

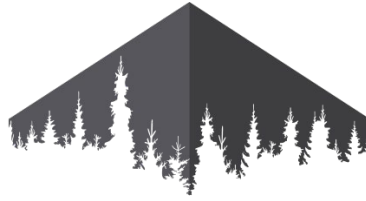
Outcomes and Evaluation

Expected Outcomes:
(What results or benefits are expected for the community?)

Measurement and Evaluation:
(How will success be measured and reported?)

Grant Amount Tiers (Additional Requirements)

- ☐ Grants up to \$25,000 – Standard reporting requirements apply.
- ☐ Grants over \$25,000 – Additional documentation may be required, including enhanced financial reporting.
- ☐ Grants over \$50,000 – Audited or independently reviewed financial statements may be required, at the discretion of the Town.



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Reporting and Accountability

Financial Accountability:

- ☐ Our organization agrees to provide financial reports as required by the Town.

Final Report:

- ☐ Our organization agrees to submit a final report outlining expenditures, activities, outcomes, and community impact using the template in Appendix B.

Audit / Review:

- ☐ Our organization agrees to permit financial review or audit by the Town if requested.

Review of Ineligible Expenditures:

- ☐ Our organization confirms that it has reviewed the ineligible expenditures listed in the Community Grant Policy and agrees that grant funds will not be used for those purposes.

Declaration

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that approval of funding is not guaranteed and is subject to Council approval. I further understand that failure to comply with grant conditions may affect future funding eligibility.

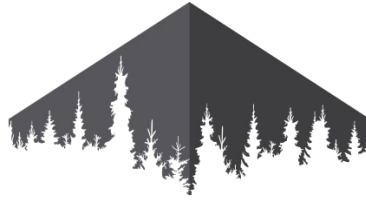
Authorized Signing Officer:

Name:

Title:

Signature:

Date:



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Submission Checklist

- ☐ Completed application form
- ☐ Proof of non-profit or charitable status
- ☐ List of Board of Directors
- ☐ Completed Project Budget Template (Appendix A)
- ☐ Most recent financial statements (if applicable)

Submit Applications To:
Town of Labrador City
Attention: Community Grant Program
PO Box 280, 317 Hudson Drive
Labrador City, NL A2V 2K5

Or by email: townclerk@labradorcity.ca

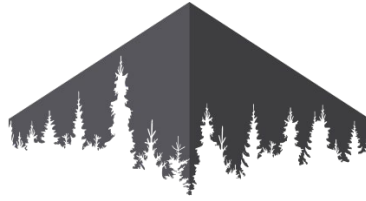


INTERNAL USE ONLY – COUNCIL / STAFF ASSESSMENT

(Not shared with applicants)

Council Scoring Summary

Assessment Area	Score (1–5)	Comments
Alignment with Strategic Priorities		
Community Need & Impact		
Organizational Capacity & Governance		
Financial Need & Sustainability		
Number of Residents Served		
Volunteer Involvement		
Partnerships & Collaboration		
Past Performance & Reporting Compliance		
Overall Value to the Town		



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Recommended Funding Amount: \$ _____

Council Decision: ☐ Approved ☐ Not Approved

Appendix A – Project Budget Template

Budget Item	Total Cost	Amount Requested from Town	Other Funding Sources
TOTAL			

Appendix B – Final Report Template (Post-Funding)

Summary of Activities Completed:

Financial Summary (attach receipts if required):

Outcomes Achieved:

(Compare results to outcomes identified in the application.)

Community Impact:

Acknowledgement of Town Support:

(Describe how the Town of Labrador City was recognized.)

This application form is used in conjunction with the Town of Labrador City Community Grant Policy and Procedure.