**ONE YEAR GRANT APPLICATION FORM**

**Funding Programs**

# Organization Information

Provide all relevant information about your organization.

|  |  |
| --- | --- |
| Name of Organization: |  |
| NWT Societies Act Registration number: |  |
| Mailing Address: |  |
| Contact Person: |  |
| Role/Title: |  |
| Phone Number: |  |
| Email Address: |  |
| Alternate Contact: |  |
| Role/Title: |  |
| Phone Number: |  |
| Email Address: |  |

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| --- |
| Describe your organization: (500 words or less) |
|  |
| Is your organization in good standing with the City of Yellowknife? (e.g. taxes, permits or outstanding grant report) If not, please explain. |
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| Is your organization based in Yellowknife and serving the community of Yellowknife? |
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| Select the Funding Priority that applies to this application and explain how your project/event meets the Criteria. |
|   Arts Community Culture Sports and Recreation Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Funding you wish to apply for: Sponsorship Community ServicesN.B. Multi-Year must submit a three year plan. |
| Amount of Funding requesting | $ |

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|  |
| **Program, Project Services or Event Information**Provide all relevant information about your program, project, service or event and explain why it should be funded. |
| Describe your program, project, service or event: (500 word or Less) |
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| Who is your target audience? How many people are expected to attend? |
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| How will you advertise, promote or market your program, project, or event? |
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| What is the frequency of the program, project and or event? (e.g. one time, weekly or annually) |
|  |
| Where is the location of your program, project or event will be hosted? |
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| Do you intend to use/rent any of the City facilities? If yes, which one? What is the cost? |
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| How will you measure the ecomonic impact your event or project will have on our community? |
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| Provide any additional details: |
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**Additional Event Information**

Complete the additional information about your event.

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| List and explain all the components of your event and specify all applicable fees. |
|  |
| What is the projected economic impact of the event? If the event previously occurred, what was the actual economic impact? |
|  |
| What other partnering organizations are involved with this event? How are they involved? |
| (i.e. how many attended from out of town) |
| BUDGET | Please provide the following: |
| Expenditure Items: | Revenues Items |
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Please note that all funding requests must be matching funding.

For any questions please contact Program Manager at 920 5647

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| How will the City of Yellowknife be recognized in the advertising and marketing of your event? |
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| Provide any additional details: |
|  |

**Board of Directors**

Please list all the members of the organization’s Board of Directors.

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Position | Address | Telephone |
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**Required Documents**

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| --- | --- |
|  | Corporate Registry Profile Report (proof that you are current with Societies) |
|  | If successful, must provide proof of Insurance with a minimum$2,000,000 in liability insurance. (City of Yellowknife must be listed as additional insurer on the policy.) |
|  | Budget (clearly list all revenues and expenses)N.B. Multi Year Application please submit a three year budget |
|  | Signed Financial Statements from your most recent Annual General Meeting Must include: income statement (revenues and expenses) and balance sheet (assets, liabilities and equity) signed by two current members of your board. |
|  | Two (2) letters of support (required for Hosting of Event) |

If you have any questions or require additional information, please contact Community Services at 920-5647 or cs@yellowknife.ca.

Sample Budget template

|  |  |  |
| --- | --- | --- |
| **Revenues** |  |  |
| **List of Budget Items:** |  | **$** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |
| **Expenditures** |  | **$** |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

**Use of Funds**

The Organization hereby agrees to use the funds or services provided to the Organization only in the manner set out in this application. The City of Yellowknife reserves the right to request, at any time, the return of any of those funds if the Organization uses the funds in a manner that, in the opinion of the City, is inconsistent with the objectives of the City of Yellowknife Grant Funding Policy or with the description of the intended use of the funds as set out in the application or should it be discovered that the undersigned made a material misrepresentation in the application.

**Privacy Policy**

The City of Yellowknife is committed to protecting the privacy and confidentiality of personal information. All personal information that is collected by the City is used for the City of Yellowknife Grant programs.

**Representations**

In making this application, we the undersigned board member(s)/Executive Director hereby represent to the City of Yellowknife and declare that, to best to our knowledge and belief, the information provided in this application and the related attached supporting documents are truthful and accurate and the application is made on behalf of the Organization and with the full knowledge and consent of the Board of Directors.

Board Member Name (Print) Signature Position Date

Board Member Name (Print) Signature Position Date

or Executive Director Name

DOC # 499559