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| **Schedule B: COMMUNITY INVESTMENT**  **SPONSORSHIP & DONATION APPLICAITON** |
| **Instructions:**   * Use this cover sheet as the first page of your application. * The policy governing the District of Carleton North Community Investment program is available on the Town’s website at [www.carletonnorth.com/policies](http://www.carletonnorth.com/policies) or by contacting the Town at (506) 392-6013. * Please apply at least two (2) weeks prior to required date for requests of $500 or less, and at least six (6) weeks prior to required date for requests over $500. * Requests for Sponsorship of an application to another funding organization shall be submitted at least four (4) weeks in advance of the funding organization’s application deadline to ensure Council have time to meet, review and approve the request. * Please forward completed application to the Director of Administration.   District of Carleton North  Attn: Director of Administration  19 Station Road  Florenceville-Bristol, NB E7L 4L7  Email: [michelle.derrah@carletonnorth.com](mailto:michelle.derrah@carletonnorth.com)  Fax: 506-392-5211 |

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| **APPLICATION CHECKLIST** |
| Organization Name:  Your **District of Carleton North Sponsorship Grant Application** delivered in person, mail, email or fax.  A **report of the activities** **during the previous year** (Annual Report) for your group/organization.  A **report on the programs/activities proposed for the upcoming year** for your group/organization.  The application to the funding organization, for those requesting Sponsorship of an application, showing the applicant as *Your Organization’s Name* c/o District of Carleton North. |

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| **PART A: APPLICANT INFORMATION** | | | | |
| |  |  | | --- | --- | | Community group/organization (applicant): | | | Title of project: | | | Contact name: | Title: | | Mailing address: | Telephone:  Fax:  Email: | | Federal Charitable Status Number (if applicable): | | | | | | |
| **PART B: APPLICANT ORGANIZATION INFORMATION**  **All applications will be evaluated based on the information provided in this application.** | | | |
| |  | | --- | | 1. **Briefly describe your organization’s mandate/objectives.** | |  | | | | |
| |  | | --- | | 1. **Describe the community, area and/or group(s) your organization serves.** | |  | | | | |
| **PART C: TYPE OF SUPPORT BEING REQUESTED** | | | |
| |  | | --- | | 1. **What type of support are you requesting?** | | Event Sponsorship (tournament hosting / travel, District of Carleton North facility discounts, etc.)  Sponsorship of an application to another funding organization  One-time monetary donation to organization or individuals affiliated with an eligible organization | | | | |
| **FUNDING/SUPPORT REQUESTED** | **AMOUNT REQUESTED** |
| Event Sponsorship  Sponsorship of application  One-time monetary donation | **$**  **$**  **$** |
| **PART B: PROJECT DESCRIPTION** | |
| |  | | --- | | Provide a brief description of the project: | | |

**DECLARATION**

**The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give the District of Carleton North authority to verify any and all information pertaining to this application.**

**Application prepared by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Signature* |  | *Print Name* |  | *Date* |

**Board authorization (if applicable):**

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|  |  |  |  |  |
| *Signature* |  | *Print Name* |  | *Date* |

**District of Carleton North approval:**

Application approved for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the following organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application denied

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| *Director of Administration* |  |  | *Date* |