



GRANT APPLICATION FORM

According to the Beaubassin-est Community Support Policy, grant applications will be evaluated according to the following evaluation criteria:

- Grant applications are made by a non-profit community organization / group that serves the population of Beaubassin-est;
- The requested grants must help to organize specific activities of the organization / group that will have an impact on the community;
- Priority will be given to grant applications that will be used to help people in need in the municipality.

Name of organization: _____

Postal address: _____

Name of contact person: _____

Phone (organization): _____ **(other) :** _____

Email and/or Fax: _____

Mission of the organization: _____

Territory covered: _____

Board Members: _____

Have you ever received a grant from Beaubassin-est? Yes _____ No _____

Description of the project/activity for which you are applying for a grant:

Duration and location of the project/activity: _____

Number of expected participants: _____

The project/activity is for which age group (check the appropriate boxes):

0-20 _____ 20-30 _____ 30-40 _____ over 50 _____

Describe the impact of the project/activity on participants and the community:

How does your project or activity helps people in need:

Amount of grant requested: _____

Cheque payable to*: _____

The cheque must be issued to a community organization. No cheque will be made payable to an individual.

I hereby certify that the information on this form is true at the best of my knowledge, dated: _____

Signature of the contact person:

Submit this Form at the municipality's office:

Attention: Carole Friolet-Landry, Community Services Officer (Communication)
1709 Route 133, P.O. Box 2 002 Grand-Barachois, N.B. E4P 8V1
Phone: (506) 532-0730•Fax: (506) 532-0735
Email: carole.landry@beaubassinest.ca

For staff use:

Request received by: _____ *Date:* _____

Admissible request: Yes ___ *No* ___ *Grant of:* _____

Date: _____ *By:* _____ *Cheque:* _____