



COMMUNITY ASSISTANCE GRANT
GENERAL STATEMENT OF POLICY

The Council of the Town of Saint Andrews recognizes the importance of individuals, groups, and organizations that contribute to the overall wellbeing of the Town. We will consider grant applications from individuals, groups, and organizations requiring funds under two categories:

1. Assistance Grants for projects which create an economic benefit for the community.
2. Civic Promotions for projects which support community projects that build community involvement and/or pride.

APPLICATION PROCEDURE FOR EITHER CATEGORY

For requests more than \$500.00:

1. Grant requests must be in writing using the Town's designated form and must be received in the Town Office no later than October 1st of the year before which the grant is requested.
2. Each and every organization placing a request, shall submit a financial statement for their latest completed fiscal year with application.
3. If their latest fiscal year ended more than one month prior to the October 1st deadline, then a statement of all assets and liabilities shall accompany the application and most recent audited financial statements.
4. Each application shall contain an outline of the anticipated budget for the next year and the purposes for which the grant/donation will be used.
5. Council may request a presentation by the applicant to support the request.

For requests \$500.00 and less:

1. Grant request must be in writing using the Town's designated form and must be received in the Town Office 60 days before which the grant is needed.
2. If the applicant is an individual, the application must be accompanied by supporting documentation for your request (for example, if you are looking for funding to attend a conference, literature on the conference would be appropriate).
3. Council may request a presentation by the applicant to support the request.



TOWN OF SAINT ANDREWS



**COMMUNITY ASSISTANCE GRANT
APPLICATION FORM**

DATE	
NAME OF ORGANIZATION	
ADDRESS	
TELEPHONE NUMBER	
EMAIL	

CONTACT PERSON	
POSITION IN ORGANIZATION	
ADDRESS	
TELEPHONE NUMBER	
EMAIL	

ORGANIZATION CHAIRPERSON	
ADDRESS	
TELEPHONE NUMBER	
EMAIL	

OBJECTIVES & PURPOSE OF THE ORGANIZATION



TOWN OF SAINT ANDREWS



ORGANIZATION DESCRIPTION (INCLUDING AREA SERVED, NUMBER OF PEOPLE INVOLVED, LOCATION OF PROGRAMS, AND VOLUNTEER INVENTORY.

Empty box for organization description.

GRANT CATEGORY	CHECK BOX
ASSISTANCE GRANT	
CIVIC PROMOTION GRANT	

GRANT/DONATION REQUESTED	\$
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OUTLINE THE PURPOSE FOR WHICH THE GRANT/DONATION IS BEING REQUESTED.

Empty box for purpose of grant/donation.



TOWN OF SAINT ANDREWS



HAVE YOU CONTACTED ANY OTHER GOVERNMENT DEPARTMENT, AGENCY, OR ASSOCIATION FOR ASSISTANCE?	CHECK BOX
YES	
NO	

IF YES, PLEASE PROVIDE THE DEPARTMENT, AGENCY, OR ASSOCIATION AND THE RESULTS OF THE REQUEST.

WITHIN 30 DAYS OF THE COMPLETION OF THE PROJECT, THE APPLICANT AGREES TO FORWARD A SUMMARY OF THE EVENT OUTLINING ITS OVERALL SUCCESS AND, IF A REOCCURRING PROJECT, FUTURE EXPECTATIONS.	CHECK BOX
YES	
NO	

I CERTIFY THAT, TO THE BEST OF MY KOWLEDGE,THE INFORMATION PROVIDED BY ME IN THE APPLICATION IS ACCURATE, COMPLETE, AND THAT THE PROJECT IS ENDORSED BY THE ORGANIZATION I REPRESENT.

SIGNATURE	
NAME (PRINT OR TYPE)	
SIGNATURE OF CHAIRPERSON (IF DIFFERENT FROM ABOVE)	
DATED	

NOTE:

1. FUNDS MUST PROVIDE BENEFITS FOR THE CITIZENS OF THE TOWN OF SAINT ANDREWS.
2. DEADLINE FOR APPLICATION IS OCTOBER 1ST OF THE YEAR BEFORE THE FUNDING IS REQUIRED (REQUEST OVER \$500.00) FOR 60 DAYS PRIOR TO WHEN YOU NEED THEM (REQUEST \$500.00 OR LESS).