

**CAPITAL GRANT PROGRAM
Recreation and Sport Division**



<p align="center">Office Use Only:</p> <p>Consultant: _____</p> <p>Date Received: _____ Year/Month/Day</p>	<p><u>To be completed by applicant</u></p> <p>Companies and Deeds Registration Number: # _____</p> <p>Is organization in good standing with Companies of Registers and Deeds: _____ Yes _____ No</p>
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PROJECT APPLICATION 2011-12

ORGANIZATION NAME	CONTACT PERSON	
ADDRESS	POSITION HELD	
CITY/TOWN/LSD etc.	TELEPHONE (B)	TELEPHONE (H)
POSTAL CODE	EMAIL ADDRESS	

PROJECT DESCRIPTION

Will you be receiving funding from other Government of NL Departments? Amt. _____	Yes ___ No ___
Will you be receiving funding from a Government of Canada Dept. / Agency? Amt. _____	Yes ___ No ___
Will you be receiving funding from a municipality or local service district Amt. _____	Yes ___ No ___
Will you be receiving funding from a third party group or Agency? Amt. _____	Yes ___ No ___
Will the facility be open to the public?	Yes ___ No ___
Which level best describes the usage of your facility? Community <input type="checkbox"/> Regional Usage <input type="checkbox"/> Provincial Usage <input type="checkbox"/>	

1) Fully describe the project. Provide details as to why funding is requested (e.g., building repair, fencing, playground build, equipment purchase, field upgrades etc.).

2) A detailed budget must be provided. Provide details and attach all estimates/quotes. Also include "in-kind" support you will be receiving to support the project.

3) Please explain how this funding will allow for additional programming or the enhancement of existing programs to get more people physically active in your area? Please include any community partnerships that are relevant and support the project.

4) What plans are in place to ensure future feasibility and sustainability of the facility or equipment supported through this application?

**Recreation Commission/Committee/Local Service District/Incorporated
Community/Town/City**

We, the undersigned, declare that the information given in this application is true and accurate.

Mayor's Signature

Printed Name

Chairperson/President's Signature

Printed Name

Treasurer's Signature/Clerk/Manager

Printed Name

Please forward completed application to:
Mr. Roger McGrath, Project Administrator
Recreation and Sport Division
Department of Tourism, Culture and Recreation

P.O. Box 8700
St. John's, NL
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