Government of Newfoundland and Labrador

Capacity Grant Application

Please print or type clearly. Alternate format of this form and guidelines are available Please contact 709.729.6279 or e-mail: [DPOGrants@gov.nl.ca](mailto:DPOGrants@gov.nl.ca).

# Organization Information:

1. Organization Name:
2. Organization Contact Information:

Street / PO Box:

Community:

Province:

Postal Code:

Telephone:

Cell:

Fax:

Email:

Web Address:

1. Are you one of the groups identified below? Please select from the following list:

* An incorporated municipality
* An incorporated, not-for-profit organization
* An Indigenous community, government or organization
* An incorporated entity within a local service district (please specify)
* Other ( Please specify)

1. Please attach the most recent Annual General Meeting minutes with the associated and signed financial report (if applicable).

# Organization’s Contacts/Signing Officers:

Name:

Position:

Telephone:

Fax:

Email:

Other:

Is this individual a Signing Officer?

* Yes
* No

Name:

Position:

Telephone:

Fax:

Email:

Other:

Is this individual a Signing Officer?

* Yes
* No

# Proposed Project Information:

1. Title of project:
2. Total estimated cost of proposed project (materials, labour and services): $
3. Total amount requested: $
4. What will the requested funds cover in strategic directions? Please provide information:

* Creating a Positive Image of Disability:
* Including People with Disabilities in Decision Making:
* Enabling Accessibility for All in the Built Environment:
* Strengthening Disability-Related Supports:
* Increase the delivery of services with dignity fairness and support:

1. Have you requested or are you in receipt of any other funding or in-kind contributions for the proposed project? (Please provide details)

* Yes
* No

1. If this is leased building space, has written consent from the landlord been obtained?

* Yes
* No
* N/A

1. What is the anticipated start date of the project (Year/Month/Day)?
2. What is the anticipated end date of the project (Year/Month/Day)?
3. Where will the work be carried out (community, and postal code)?

# Project Description:

1. On a separate page, please provide a description of the proposed project. Include what you hope to accomplish, and how this project will enhance capacity of persons with disabilities. Please speak to the immediate aims, as well as the sustainability of the improvements following the termination of the project. If available and applicable, please attach drawings or pictures of areas/features of the built environment to be enhanced.
2. Please fill in the Budget Template: Move to after project description then do renumbering.

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| --- | --- | --- | --- | --- | --- |
| Item or Service Description | Price per item/hour(Indicate unit) | Quantity, if applicable | Total Cost | Other contributions(Grants, funding or in kind contributions) | Capacity Grant Amount Requested |
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| **Subtotal** | | | | |  |
| **HST** | | | | |  |
| **Total Amount Requested** | | | | |  |

# Declaration and Disclosure

Under the **Access to Information and Protection of Privacy Act members** of the public may request and obtain access to information held in Provincial Government records.

Should a request be received for information about this grant application, the Department will consult with you prior to disclosing any information. It should be noted that only personal information and third-party confidential financial information may be withheld.

When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization(s) receiving the funding are considered public information. If you have any questions regarding the collection or disclosure of the personal information on this form please contact: atippoffice@gov.nl.ca

**Applicant’s Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness’ Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

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