

# 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: [CSSDGrantPrograms@gov.nl.ca](mailto:CSSDGrantPrograms@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:

3. 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)

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

**Organization's Contacts/Signing Officers:**

Name: Fax:  
Position: Email:  
Telephone: Other:

Is this individual a Signing Officer?

- Yes
- No

Name: Fax:  
Position: Email:  
Telephone: Other:

Is this individual a Signing Officer?

- Yes
- No

**Proposed Project Information:**

- 5. Title of project:
  
- 6. Total estimated cost of proposed project (materials, labour and services): \$
  
- 7. Total amount requested: \$

8. What is your project's accessibility priorities? Please explain with reference to one or more strategic directions.

9. a.) Did you request or are you in receipt of, other funding or in-kind contributions, for the proposed project? (Please provide details)

Yes

No

Details:

b.) If this is a leased building space, did you obtain written consent from the property owner? If applicable, please attach written consent.

Yes

No

N/A

c.) What is the anticipated timeline of your project?

- Start date (Year/Month/Day):

- End date (Year/Month/Day):

d.) Where will the work take place (community, and postal code)?

## **Project Description:**

10. On a separate page, please provide a description of the proposed project. Include what you hope to accomplish, and how this project will support persons with disabilities. Please attach pictures or diagrams to support your project, if applicable.

e.) Please fill in the Budget Template:

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

## 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](mailto:atippoffice@gov.nl.ca).

### Applicant's Signature:

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**Date:**

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### Witness' Signature:

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**Date:**

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