



Government of Newfoundland and Labrador
Municipal Affairs and Community Engagement

Special Assistance Grant (SAG) Application

Name of Organization: _____

Mailing Address: _____

_____ Postal Code _____

Application Contact Person: _____

Phone #: _____ Email: _____

Please describe nature of the request:

Section B: Financial Information

Cost Estimate: \$ _____ Funding requested: \$ _____

Please ensure a detailed cost estimate is attached. If further clarification and other supporting documentation is required, you will be contacted accordingly.

Signature: _____

Title: _____

Date: _____

Submit completed application and supporting documentation to:

Department of Municipal and Provincial Affairs
Municipal Finance Division
4th Floor, West Block
P.O. Box 8700
St. John's, NL A1B 4J6

Facsimile: (709) 729-3605
E-mail: SpecialAssistanceGrants@gov.nl.ca

Questions? Please call 1-877-729-4393 or E-mail: SpecialAssistanceGrants@gov.nl.ca