

2024 Council Community Fund Application FORM A

The Information you provide on this form will be used to assess eligibility and consideration for the award of funds at a Common Council meeting.

Program Description

Through the Council Community Fund Policy (the Fund) Council Members may apply for funding for projects or events that enhance the vibrancy and wellbeing of the residents of the City or minor capital expenditures to improve infrastructure. The Fund supplements Council's existing Community Grants program, allowing a timely and flexible approach to requests for smaller initiatives that align with Council priorities that would not otherwise coincide with the timing of the Community Grants Program.

Successful projects will advance one of Council's five priority areas **Grow, Green, Belong, Move and Perform.**



Application and Eligibility for Community-Based Organizations

Applications must comply with the City of Saint John **Council Community Fund Policy**. For a complete description of application and eligibility criteria please review the Council Community Fund Policy. <hyperlink>

Applications are always open for submissions during the calendar year.

Community-Based Organizations (CBOs) must be a registered non-profit or registered charitable organization holding its principal activities within the City of Saint John.

Application must also demonstrate that your proposal:

- is based in the City of Saint John
- will spend the funding within the financial year in which it is awarded.

Applications have a funding limit of **\$1500** per Council Member.

FORM A.

Name of the Council Member submitting this application:

David Hickey, Greg Stewart, Gerry Lowe

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Name of Community-Based Organization:

SJ West Days

Non-profit status: (registered non-profit number, registered charitable organization number)

Carleton Community Centre. Non-profit number: 716236328

Name and Title of CBO individual responsible for the management of the Funds

Jennifer Brown – Executive Director, Carleton Community Centre

Phone Number:

506-658-2920

Email Address:

SaintJohnWestDays@gmail.com

Address:

Tell us a bit about your group (what does your group do?)

SJ West Days is being hosted August 14-18th in West Saint John.

Tell us about what you want to do (describe the project / event / and any small capital asset request to support the project/event)

These funds would support hosting their schedule of events for the weekend.

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Where is the location of your project / event?

West Saint John

What do you think the benefits will be to people living in the city?

Significant benefits for West Saint John. This is a great community gathering.

How does your project / event contribute to addressing the priorities of Common Council?

BELONG

How much will your proposal cost?

What do you need to carry out your project or event what is the estimated cost?

Breakdown of costs	Amount
Sponsorship for SJ West Days	\$1500
TOTAL: \$1500.00	

Please confirm the amount of funds you are requesting: \$1500 (\$500 each)

Estimated completion date:

Will you be able to complete the project / event and obtain any small capital assets within the financial year in which it is requested?	Yes
Estimated completion date:	August 18, 2024

To Be Acknowledged by the individual responsible for managing the Funds for the Community-Based Organization named above.

Accountability:

I acknowledge that if funds are provided by the City of Saint John, I will accept responsibility that the funds will be used for the stated purpose and within the timeline stated above.

I acknowledge that I will be responsible for keeping all receipts and/or invoices relating to the project or event above and completing an **Outcome Report** within 45 days of the project or event completion date.

Liability Waiver for Community Based Organization Fund Recipients

By submitting this application, I hereby acknowledge and agree that neither the City, its council, nor any of its members, agencies, officers, employees, or agents shall be held liable or responsible for any injury, including death to any person or for any claims, damages, liabilities, losses, costs, or expenses, including legal fees, arising out of or in connection with the use, allocation, distribution, or expenditure of the Council Members Discretionary Community Fund.

I, as an authorized signatory or representative who has legal authority to bind the Community-Based Organization, agree to indemnify and hold harmless the aforementioned entities from all claims, damages, liabilities and losses incurred in relation to or resulting from the use of the allocated funds.

Jennifer Brown

Printed name of authorized signatory

Jennifer Brown

Signature of authorized signatory

May 21st 2024

Date

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Your privacy:

We will use the information you provide on this form for the award of funds. The award of funds is reported publicly. All information held by us is liable to disclosure under the Right to Information and Protection of Privacy Act unless it is exempt.

City Clerk acknowledgement: (To be completed by City Clerk or their designate)

I acknowledge that the proposal described above meets the eligibility requirements of the *Council Community Fund Policy (CCFP)* and may proceed to the next public meeting of Common Council.

