



Community Support Program

Application Form for Support Period April 1<sup>st</sup>, 2019 to March 31<sup>st</sup>, 2020

Application Deadline: 4:30PM (AST) Thursday, December 20<sup>th</sup>, 2018

Name of Organization: \_\_\_\_\_  
 Federal/Provincial Non-Profit/Charitable Organization Registration Number: \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Social Media Addresses: \_\_\_\_\_  
 Physical Address of Organization and or initiative: \_\_\_\_\_  
 Mailing Address of Organization: \_\_\_\_\_  
 Length of Time the Organization been in Operation: \_\_\_\_\_

**Board of Directors**

Name	Position	Email Address	Cell Telephone Number

**Executive Director / Contact Person:** \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Cell Telephone Number: \_\_\_\_\_

The City of Summerside’s Community Support Program provides assistance to Summerside not-for-profit organizations whose programs, services, projects and initiatives help the municipality deliver on its mandate in one of the following categories:

- Safety, Security and Crime Prevention
- Economic Development
- Water, Land and Energy
- Health and Well-Being
- Arts, Heritage and Culture

If you did not receive support thought the City of Summerside Community Support program, what would the impact be to your initiative?

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\_\_\_\_\_



Please ensure that you indicate all of the types and amounts of support you are applying to the City of Summerside for the entire period of April 1<sup>st</sup>, 2019 to March 31<sup>st</sup>, 2020. Requests made outside of those listed here will not be considered in this support period.

**Direct Financial Transfers Requested:**

Donation Grants: \_\_\_\_\_ Cost \_\_\_\_\_

Event Sponsorships \_\_\_\_\_ Cost \_\_\_\_\_

Fundraiser Ticket Purchases: \_\_\_\_\_ Cost \_\_\_\_\_

Advertisement Buys: \_\_\_\_\_ Cost \_\_\_\_\_

Event Registrations: \_\_\_\_\_ Cost \_\_\_\_\_

Scholarships and Bursaries: \_\_\_\_\_ Cost \_\_\_\_\_

Other: \_\_\_\_\_ Cost \_\_\_\_\_

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**Indirect /In-kind Supports Requested:**

Facility Rental Discounts: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Leasing Agreements: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Equipment Rental Discounts: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

City Staff Labour: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Sport Field Rentals: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Sport Field Lighting: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Donation of Supplies: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Special Lighting of City Buildings: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Special Painting of City Infrastructure: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Property Tax Subsidies and Rebates: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

Other: \_\_\_\_\_ *Internal Office Use Only – Value:* \_\_\_\_\_

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### Total Budget

Revenue and In-Kind Support Sources	Amounts/Value	Expense Types	Amounts/Value
Public Sector: Municipal Grants and/or In-Kind Supports			
Public Sector: Provincial Grants and/or In-Kind Supports			
Public Sector: Federal Grants and /or In-Kind Supports			
<b>Total Public Sector Grants and/or In-Kind Supports</b>			
Private Sector: Donations and/or In-Kind Supports			
Private Sector: Fundraising and/or In-Kind Supports			
Private Sector: Memberships and/or In-Kind Supports			
Private Sector: Service/Product Sales and/or In-Kind Supports			
<b>Total Private Sector Grants and/or In-Kind Supports</b>			
Other:			
<b>Total Estimated Income</b>		<b>Total Estimated Expenses</b>	

(Please mark all tentative or unconfirmed dollar values with an asterisk \*)

Please also include your organization’s annual audited (or verified as correct by two signing officers) financial statements from your most recent fiscal year.

I declare that information in this application and supporting documents to be true and correct and that any support awarded by the City of Summerside shall be used for the activities as described in this application.

Application Prepared By: \_\_\_\_\_  
Printed Name    Signature    Date

Board of Director’s Authorization: \_\_\_\_\_  
Printed Name    Signature    Date

Please email your completed signed application (including all supporting materials) to Kristen Dunsford, Department of Financial Services at [kristen.dunsford@city.summerside.pe.ca](mailto:kristen.dunsford@city.summerside.pe.ca) by 4:30PM (AST) on Thursday, December 20<sup>th</sup>, 2018.

*Due to the number of applications received each year no applications will be considered after the submission deadline. If you need assistance completing this form please call the City of Summerside at 902-432-1230.*

*Although the City of Summerside is unable to support all applications received we appreciate the interest of community groups in our program and the valuable contribution made by volunteers to the quality of life in the City of Summerside.*