



OPERATING GRANTS APPLICATION FORM
(Can only be applied for once a year)

SECTION 1: CONTACT INFORMATION

Name of Organization: _____

Contact Person: _____

E-mail: _____

Mailing Address: _____

Phone Number: _____

SECTION 2: APPLICANT INFORMATION

1. Describe the program/project/initiative:

2. Amount requested (*up to \$500*): _____

3. Brief background on your organization:

4. How does this program/project/initiative benefit the community:

5. Have you received previous financial support from the Town of St Paul? _____

SECTION 3: DOCUMENT CHECKLIST

Application Form

Financial Statements (*required for requests of \$500*)

Project budget including revenue & expenditures for this project/activity

- See attached Policy for all criteria

SECTION 4: DECLARATION

By signing and submitting this application form, I confirm that:

1. The information provided on this application is true, complete and correct.
2. I have read, understand and agree to abide by the terms and conditions governing this grant as outlines in the Community Grant Funding Policy

Applicant Name: _____

Applicant Signature: _____

Date: _____