



City of — Ville de
MIRAMICHI

Neighbourhood Matching Grant Application

The Neighbourhood Matching Grant provides one-time financial support of up to \$4,000 for residents who want to make positive change in their neighbourhood.

Applicants must match the requested funds with their own cash or in-kind contributions such as volunteer time.

You can apply at any time throughout the year, but funds can run out so apply as soon as you can.

Before you complete this application form, please see the attached Neighbourhood Grant Policy , which describe what projects are eligible. While completing this application form, you should demonstrate how your project fits the grant criteria.

It takes 4-6 weeks for the City of Miramichi to review your application. Please apply as early as possible so you don't experience any delays with your project.

Approved applicants are expected to acknowledge the contributions of the City of Miramichi on promotional material, and are to submit photos to the City of Miramichi of their projects.

Approved applicants will also, be required to report back on the impact of their project and provide financial accounting of all revenues and expenses (including receipts) upon completion of their project.

If you need assistance completing this form, please contact Miramichi Community Wellness and Recreation at 623-2300.

GENERAL INFORMATION

Project Name: _____

Name of Lead Contact: _____

Contact Information:

Phone Number: _____

Email: _____

Address: _____

ABOUT YOUR GROUP

What is the name of your group or organization? _____

How is your group organized? (For example, do you have a committee? Is there a coordinator?
Are you a non-profit group? Are you an informal group of neighbours?)

Please provide information on other key individuals, groups or organizations that will be involved
in your project.

ABOUT YOUR PROJECT

Please describe your project:

Please describe your plan to make your project happen, including a general schedule of
activities or tasks necessary for completion including timelines.

How does your project fulfill the intended purpose of the grant? (refer to policy)

Where does your project occur? (Projects must occur within Miramichi City limits and are geographically defined within a neighbourhood)

Is your project a one-time project, not intended for a city-wide audience? Yes _____
No _____

Please describe how you will reach out to involve a diverse range of community members.

Please describe how neighbourhood residents are involved in the planning and completion of your project.

BUDGET INFORMATION

a. Please provide a list of all expenses and expected amounts in table below.

Expenses:	Dollar Value:
E.g. Artist Fee	\$3,000
E.g. Paint	\$300

a. Total of All Expenses	\$

b. Please describe how you plan to **match** the value of your grant. This includes your own cash contribution, donations, sponsorships, fundraising, in-kind services and volunteer time.

i. Volunteer Labour- volunteers are valued @ \$15/hr	Dollar Value
E.g. Volunteer labour at 3 workshops x2 hours x 10 people= 60 hours x\$15/hr = \$900	\$900
i.Total Value of Volunteer Labour	\$

Please list all **In-Kind Donations/Services**

ii. In-Kind Donations/Services		
What is being donated?	Who is donating?	Dollar Value
e.g. 4 plants	Community Member	\$100
e.g. Excavation service	ABC Excavators	\$500
ii.Total of In-Kind Donations		\$

Please list all **Cash Support**

iii. Cash (not including funds requested from City) Please list all other sources such as grants and fundraising	Dollar Value	Secured or Pending
iii.Total Cash Support	\$	

BUDGET SUMMARY

- The total of **b. Your Match** must be equal to (or greater than) **a. Your Expenses**.
- The total of **c. Your Request** from NMG cannot be more than **a. Your Expenses**.
- Your Maximum request cannot exceed \$4,000.00.

a. TOTAL OF EXPENSES (Your Match must be equal to or greater than this amount)	\$
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b. Total of YOUR MATCH= i. Volunteer Labour +ii. In-Kind +iii. Cash Support (Your match MUST be equal to Your Expenses; Your Match MAY be greater than Your Expenses	\$
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c. YOUR REQUEST FROM NMF (Amount requested cannot exceed \$4,000 and you cannot request more than the total of Your Expenses)	\$
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