



Government of Newfoundland and Labrador Municipal and Community Affairs

Special Assistance Grant Application (Non-Municipal)

Name of Organization:

Mailing address:

Postal Code

Application contact person:

Phone number: 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:



Government of Newfoundland and Labrador
Municipal and Community Affairs

Submit completed application and supporting documentation to:

Department of Municipal and Community Affairs
Municipal Finance Division
4th Floor, West Block
Facsimile: (709) 729-3605
P.O. Box 8700
St. John's, NL A1B 4J6
E-mail: SpecialAssistanceGrants@gov.nl.ca

For questions, please call 1-877-729-4393 or email: SpecialAssistanceGrants@gov.nl.ca