

**Municipality of the County of Annapolis
Grant Application Form**

Check Type of Grant You are Applying for:

- Community Programs Assistance Fund
- Marketing and Promotion Partnership Programs
- Community Heritage Grants for Lighthouses & Museums
- Community Halls and Centres Assistance Program
- Trails Assistance Program
- Capital Projects Assistance Program

1) Name of organization: _____

2) Contact Person (name): _____ Position in the organization: _____

Mailing address: _____

Postal Code: _____ Telephone number: _____ CELL: _____

E-mail: _____ FAX: _____

3) Organization Executive:

Please attach a list of the Executive of your organization, (i.e. President, Vice President, Treasurer & Secretary)

4) Constitution or Bylaws:

Please ensure that the County has been provided with an up-to-date copy of your constitution or bylaws

NS Registry of Joint Stock Number: _____ Federal Charitable Status Number: _____

5) The Project: Briefly explain the project or program for which funding is being requested, including the goals and objectives
(You may attach additional information to the back of the application if more space is required)

Will any new programs or projects be started as a result of this grant?

Yes No Please explain: _____

If you are applying for funding for a community hall or community centre, does the size of your facility exceed 2,000 square feet?

Yes No

6) Financial information - Please provide the following:

Amount Requested from the County \$ _____

12-month Project / Program Budget

- all projected sources of revenue for the project, including "in-kind" volunteer contributions if appropriate
- all projected expenses to initiate the program or complete the project

Copy of most recent financial statements for the organization including Statement of Income and Balance Sheet

- if statements are not available at the time of application, please indicate the date by which a copy will be provided

I certify that the information supplied in this application is, to the best of my knowledge, exact and complete, and that the project has received the approval of the organization I represent.

Date: _____ Signature: _____

Mailing address: _____ Title: _____

If you require assistance, please phone 902-532-2331 or forward and email to: dcampbell@annapoliscounty.ns.ca