

# MUNICIPALITY OF THE COUNTY OF ANTIGONISH

## COMMUNITY PARTNERSHIP GRANT APPLICATION FORM

### Instructions:

- Use this cover sheet as the first page of your application.
- Please submit all documents from the application checklist prior to the annual submission deadline. Incomplete submissions may delay consideration of your request for funding.
- If you do not have enough space to answer a question, please attach a separate sheet.
- The policy governing the Municipality of the County of Antigonish grants program is available on the County's website at [www.antigonishcounty.ns.ca](http://www.antigonishcounty.ns.ca) or by contacting the Municipality at 902-863-1117.
- Please forward complete application to the following address:  
Municipality of the County of Antigonish  
Attn: Community Partnership Grant Application  
285 Beech Hill Road  
Antigonish, NS B2G 0B4

## APPLICANT CHECKLIST

- A signed original of your **Municipality of the County of Antigonish Grant Application**.
- Most recent **financial statements**
- Annual Operating Budget
- Provide one of the following:**
  - **Proof of current registration as a non-profit or charitable organization** such as NS Registry of Joint Stocks Number or Federal Charitable Status Number.
  - If the organization is not incorporated, **a list of the executive, membership, and a brief history** about the organization must be provided with the application.

## PART A – APPLICANT INFORMATION

Community group/organization (applicant):	
Contact Name:	Title:
Mailing Address:	Telephone:
	Fax:
	Email:
Website (if applicable):	
NS Registry of Joint Stocks Number (if applicable):	

## PART A – PROJECT TYPE

Please choose one of the following grants you wish to apply for:

- Capital Grant: Construction, Renovation or Major Repair**
- Operating Grant: Maintenance, Programs, Special Events and Initiatives**

Amount Requested: \_\_\_\_\_

## PART C – PROJECT INFORMATION

**1. Why are funds being requested? What will they be used for? Please outline the details of the project, program, service, or event.**

**2. Please describe the benefits your project, program or service will provide to the Municipality of the County of Antigonish and the community.**

**3. Please describe the community, area and/or group(s) your organization serves.**

**4. List in-kind contributions that your organization will provide to this project, program or service. Also describe the role volunteers in the proposed project/program/service. Please include the number of participating volunteers.**

**PART D – BUDGET SUMMARY**

**TOTAL PROJECT COST \*\***

\$

<b>PLANNED EXPENDITURES</b> Itemized list of all costs related to your project, program or service	<b>AMOUNT</b>
Material	
Labour	
Equipment	
Other <i>(Please Specify)</i>	
Other <i>(Please Specify)</i>	
Other <i>(Please Specify)</i>	

<b>SOURCES OF REVENUE</b> <b>APPLICANT CONTRIBUTION</b>	<b>SOURCE</b>	<b>AMOUNT</b>
Fundraising		\$
Cash on Hand		\$
Bank Loans		\$
Donated Material		\$
Donated Labour		\$
Donated Equipment		\$
Other <i>(Please Specify)</i>		\$
Other <i>(Please Specify)</i>		\$
<b>TOTAL APPLICANT CONTRIBUTION</b>		\$

**OTHER FUNDING**

Federal		\$
Provincial		\$
Municipal		\$
Other <i>(Please Specify)</i>		\$
Other <i>(Please Specify)</i>		\$
<b>TOTAL OTHER FUNDING</b>		\$
<b>TOTAL APPLICANT CONTRIBUTION</b>		\$
<b>TOTAL OTHER FUNDING</b>		\$
<b>TOTAL AMOUNT REQUESTED FROM MUNICIPALITY</b>		\$

**Does your organization receive a tax exemption from the Municipality of the County of Antigonish?**  
Yes or No (Please circle)

**If yes, what is the value of the property tax exemption?**

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**DECLARATION**

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give The Municipality of the County of Antigonish authority to verify any and all information pertaining to this application.

**Application prepared by:**

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*Signature*

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*Print Name*

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*Date*

**Board authorization (if applicable):**

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*Signature*

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*Print Name*

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*Date*