

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 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 **

\$

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

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

OTHER FUNDING

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

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?

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:

Signature

Print Name

Date

Board authorization (if applicable):

Signature

Print Name

Date