



**EAST HANTS**

# Community Grant Application

**Address:** Box 230, Suite 170, 15 Commerce Crt., Elmsdale, NS, B2S 3K5 **Phone:** (902) 883-3387 **Toll Free:** 1-866-758-2299

**Please check which grant you are applying for:**

- ☐ New Recreation Initiatives ☐ Recreation Operating  
☐ Recreation Programming ☐ Event Hosting

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone (h): \_\_\_\_\_

Position in Organization: \_\_\_\_\_ Phone (w): \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Is the organization incorporated under the Societies Act? Yes ☐ No ☐

If not, do you operate with a constitution/by-laws? Yes ☐ No ☐

If not, please explain by what authority you function. \_\_\_\_\_

\_\_\_\_\_

Approximate age of the group served by proposed project. \_\_\_\_\_

Describe the project for which funding is being requested. \_\_\_\_\_

\_\_\_\_\_

What area does your group/project serve? \_\_\_\_\_

How many will benefit? \_\_\_\_\_ Total # \_\_\_\_\_

How will the Municipalities contribution be publically recognized? \_\_\_\_\_

\_\_\_\_\_

## PROJECTED BUDGET

### Expenditures (please itemize)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

### Revenues (please itemize)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____



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**AMOUNT REQUESTED OF THE MUNICIPALITY? \$** \_\_\_\_\_

**IMPORTANT:** Please include last year's financial statement of your organization.

Please attach additional comment/information you feel is relevant to your application.

### **SIGNATURES**

Group Executive

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Your local Councilor(s) is/are \_\_\_\_\_. Use this opportunity to make your Councilor about your group's project.

Councilor Signature: \_\_\_\_\_

Date: \_\_\_\_\_