



MUNICIPALITY OF THE COUNTY OF PICTOU RECREATION CAPITAL GRANT APPLICATION

ORGANIZATION			
CONTACT PERSON		TITLE	
MAILING ADDRESS		PHONE #	(home)
			(work)
MISCELLANEOUS: e-mail address, web site, cell #, etc.			

Is your organization incorporated under the Societies Act and registered through the Registry of Joint Stock Companies? YES _____ NO _____

Does your organization own the property in question? YES _____ NO _____

Describe the project to be funded: _____

How does your organization feel this project will affect the community, once it is completed?

Please provide information on the expenses and revenues of the capital project on the next page. Attach any additional information that you feel may be important to this request.

PROJECT EXPENSES	
Labour Costs	
Materials & Supplies	
Equipment Rental(s)	
Sub-Contracting Costs	
Other	
TOTAL (A)	

PROJECT REVENUES	
Federal Grants (Specify)	
Provincial Grants (Specify)	
Municipal Grants (Specify)	
Community Contribution	
Fundraising	
TOTAL (B)	

PROJECT FINANCIAL SUMMARY	
PROJECT OVERALL COST (TOTAL A)	
LESS ORGANIZATION CONTRIBUTION (TOTAL B)	
RECREATION CAPITAL GRANT REQUESTED	

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

NAME:	POSITION:
ADDRESS:	PHONE #'s _____(home) _____(work)
SIGNATURE:	DATE: