

MUNICIPALITY OF THE COUNTY OF PICTOU MUNICIPAL GRANT APPLICATION

SECTION 1: CONTACT INFORMATION

| | |
|---|--|
| Name of Applicant Organization: | |
| Contact Person | Telephone |
| Mailing Address | Email Address |
| <p>Please indicate the type of Organization applying for funding (A federally registered Canadian charity or a non-profit organization registered with the Nova Scotia Registry of Joint Stocks; A society within the meaning of the Children and Family Services Act, A mental health clinic in receipt of financial assistance from the Province; An exhibition held by an educational institution in the municipality; A club, association or exhibition within the meaning of the Agriculture and Marketing Act; or Any charitable, nursing, medical, athletic, educational, environmental, cultural, community, fraternal, recreational, religious, sporting or social organization within the Province.)</p> | |
| Registry of Joint Stocks Number | Federal Charitable Registration Number |

SECTION 2: FUNDING REQUEST

| | |
|---------------------------|----------|
| Amount of Grant Requested | \$ _____ |
|---------------------------|----------|

SECTION 3: SOURCES OF FUNDING

Have you applied for other funding for this project/program/service? Please list:

| Level of Government | Department or Agency Name | Amount Requested | Amount Confirmed |
|----------------------------|----------------------------------|-------------------------|-------------------------|
| Federal | | | |
| Federal | | | |
| Provincial | | | |
| Provincial | | | |
| Municipal | | | |
| Municipal | | | |
| Other Funding Bodies | | | |
| Other Funding Bodies | | | |
| | Totals | | |

SECTION 4: PROJECT DESCRIPTION

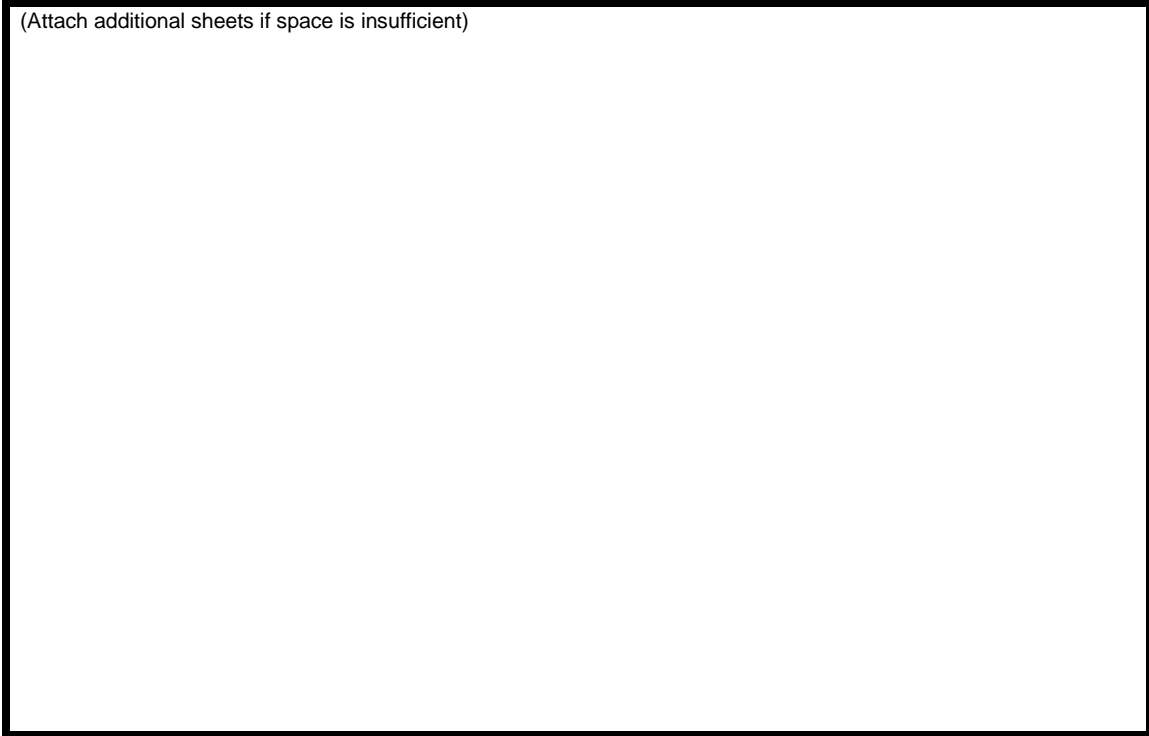
Please describe your organization's specific project, program or service:

(Attach additional sheets if space is insufficient)

SECTION 5 COMMUNITY PROFILE

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

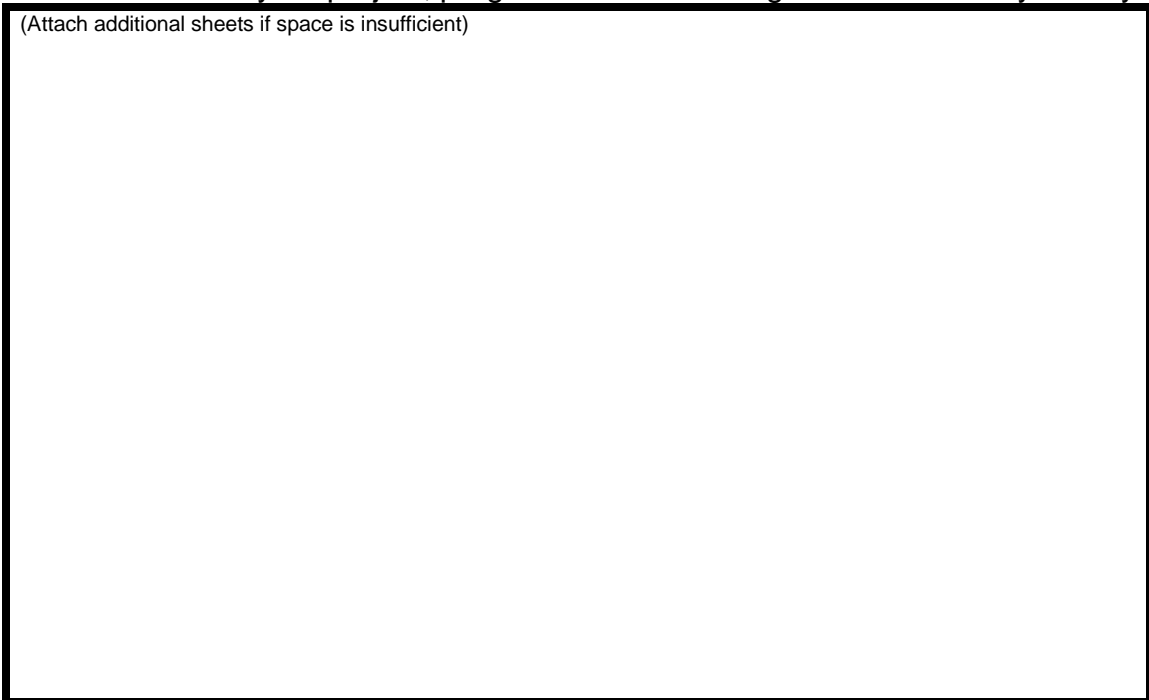
(Attach additional sheets if space is insufficient)



SECTION 6 BENEFITS

What benefits will your project, program or service bring to the community/county?

(Attach additional sheets if space is insufficient)



SECTION 7 VOLUNTEER

What role(s) do/will volunteers play in this project/program/service operations of your organization? How many volunteers participate?

(Attach additional sheets if space is insufficient)

Does your organization receive any other forms of assistance from the Municipality of the County of Pictou (Please Circle Appropriate Response) Yes No

If yes was answered to the preceding question, what forms of assistance are provided? Please List:

Please list your Board of Directors or Executive Committee Members

| Name | Position | Address | Telephone # |
|------|----------|---------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Please summarize the major elements of the budget of your organization or project (or attach a copy of the budget of your organization or project):

Note: For applications of \$500 or less it is not necessary to complete this section, simply attach the financial statement or Treasurer's report for the most recent fiscal year.

| Sources of Revenue | | Amount |
|--------------------------------------|---------------|---------------|
| Municipality of the County of Pictou | | |
| Federal Assistance | | |
| Provincial Assistance | | |
| Fund-Raising | | |
| Memberships | | |
| Fees For Service | | |
| Other Municipal Governments | | |
| Other Funding | | |
| | Totals | \$ |

| Expenditures | | Amount |
|---------------------|---------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Totals | |

AUTHORIZATION

An authorized signing officer of the Board of Directors must sign this application:

Application Prepared By: (Please Print) _____

Signature: _____ Date _____

Board Authorization: (Please Print)

Signature: _____ Date _____

Remember the Deadline for Applications is the last working day of February to be considered for funding in the upcoming fiscal year.

Please mail or drop off your application form and any supporting materials to:

**Municipality of the County of Pictou
PO Box 910 (46 Municipal Drive)
Pictou, Nova Scotia
BOK 1H0**

Upon receipt all applications are date-stamped. Late applications are date-stamped and reviewed as per the Municipal Grants Policy. If you are concerned about your application being received on time through the mail, you may fax a copy of this form only to (902) 485-6475. **All applications that are faxed must be supported by the original document through the mail or by hand delivery.**

Although the County of Pictou is unable to fund all applications received, we appreciate the interest of community groups in our program and recognize the valuable contribution made by volunteers to the quality of life in Pictou County.

Applicants may submit other supporting documentation that they feel will enhance their business case for funding. Types of documentation may include drawings or plans, letter of support.