

		Grant/Funding Application		
Organization Legal Name	Con	ntact Person		
Position in Organization Er	nail	Те	lephone	
Mailing Address				
Signature	Dat	ite		
Are you registered through the Registry of Joint St	ocks?	□No		
* Please note that all requests for funding (except Sec			the Registry of Joint Stocks	
Diana shoot the hay source	anding to the grant for whi	ish way are requesting from	ding	
Please check the box corresp	onding to the grant for which	ch you are requesting fun	aing.	
Type 1 Infrastructure	instinu A (nago 3)			
Only complete s	Section A (page 2)			
Type 2 Start-up Activit	•			
Only complete S	Section B (page 3)			
Type 3 Recreation/Spo	nsorship			
	Section C1 for Physical Activity			
	ection C2 for Instructor/Facilita			
	Section C3 for Sponsorships (p Section C4 for Canada Day (pa	· ·		
		ige //		
Type 4 Regional/Healtl				
Only complete S	Section D (page 8)			

What you need to know before applying for funding

- i) Please only fill one application per grant type (i.e. If you want to apply for both Start-up Activity and Canada Day grants, you must fill out 2 separate application forms.)
- ii) Failure to correctly complete this application may delay funding review/approval.
- iii) Your project cannot start before approval is given. Failure to do so may result in your funding request being denied.
- iv) The Municipality of the County of Richmond reserves the right to deny any application based on a financial needs assessment.
- v) The Municipality of the County of Richmond reserves the right to request more information regarding the grant application.
- vi) The Municipality of the County of Richmond reserves the right to conduct a site inspection.
- vii) Please allow 6 8 weeks for processing.

Please forward your applications to:

Jason Martell, Chief Financial Officer P.O. Box 120, 2357 Highway 206, Arichat, NS BoE 1Ao

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Section A - Infrastructure - 50% of costs, Maximum of \$5,000 per application		
Maximum o	f one application per year, per organization	
Application checklist:		
☐ Attach a photocopy of current Registry of Joint Stocks renewal and file number		
☐ Names and addresses of you	ur organization's directors	
_	al statements (Balance Sheet and Income Statement)	
☐ Budget for current fiscal yea		
	ect with an explanation of award	
3 Quotes for proposed proje	ect with an explanation of award	
	Overview of Project	
Please de	escribe the project in as much detail as possible.	
	ease use the Additional Information Sheet attached to this	application.
	·	
Does your organization own the assets fo	or which you are applying for funding to upgrade/improve?	² □ Yes □ No
boes your organization own the assets jo	in which you are applying for funding to apgrade/improve.	L les L No
	Project budget	
Cost of the project	Financing the project/Other revenue	
Capital Costs	Organization's costs	
Land	Have you had to borrow for this project?	Yes No
Materials	Loan/Debt	
Labour Costs	Funding Agency	
Other Capital Costs	Provincial	
Specify:	Federal	
Other Capital Costs	Other (Specify):	
Specify:	Amount requested from Municipality If approved, funds must be spent by March 31.	
TOTAL	TOTAL	





Section B - Start-Up Activity - 50% of costs, Maximum of \$500 per application Maximum of two applications per year, per organization (must be for two different events) **Application checklist:** Attach a photocopy of current Registry of Joint Stocks renewal and file number ☐ Names and addresses of your organization's directors Most recent Annual Financial statements (Balance Sheet and Income Statement) ☐ Budget for current fiscal year * Organizations cannot apply for funding for the same event/activity in subsequent years. Official Name of Event/Activity Overview of Event/Activity Please describe the event/activity in as much detail as possible. If you need additional space please use the Additional Information Sheet attached to this application.

Event/Activity budget		
Cost of the project	Financing the project/Other revenue	
Costs	Organization's costs	
Labour	Have you had to borrow for this project?	☐ Yes ☐ No
Materials	 Loan/Debt	
Other Costs	Other Funding (Specify):	
Specify:	Funding requested from Municipality If approved, funds must be spent by March 31.	
TOTAL	TOTAL	





Section C1 - PHYSICAL ACTIVTY - 50% of costs, Maximum of \$1,000 per application Maximum of one application per year, per organization **Application checklist:** Attach a photocopy of current Registry of Joint Stocks renewal and file number Names and addresses of your organization's directors Most recent Annual Financial statements (Balance Sheet and Income Statement) ☐ Budget for current fiscal year **Overview of Project/Activity** Please describe the project/activity in as much detail as possible. If you need additional space please use the Additional Information Sheet attached to this application. Impact/Reach of Project/Activity Who will benefit from this project or activity? **Event/Activity Budget** Cost of the project Financing the project/Other revenue **Capital Costs** Organization's costs Labour ☐ Yes ☐ No Have you had to borrow for this project? Materials Loan/Debt Other Costs Other Funding (Specify): Specify: Funding requested from Municipality If approved, funds must be spent by March 31.

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TOTAL

TOTAL





Section C2 - INSTRUCTOR/FACILITATOR DEVELOPMENT - 5	o% of costs, Maximum of \$500 per application	
Maximum of \$500 per indiv	ridual, per year	
Application checklist:		
☐ Attach a copy of the Certificate/Course syllabus/description		
Attach schedule of events for Certificate/Course	•	
Name of Certificate	Course	
Name of Certificate	Course	
Location of Certificat	e/Course	
Overview		
Why are you interested in this c	ertificate/course?	
If you need additional space please use the Additional Info		
Benefit		
Who will this certificate/co	urse benefit?	
Budget/Cost	PLEASE NOTE	
	16.1 A 19. 6	
Indicate the costs associated with this certificate/course	If the Municipality funds your request,	
Registration	you will be required to offer a minimum of 50 hours of instruction	
Travel/Fuel	for municipal recreation programming	
Accommodations	within 2 years of the date of	
Meals	completion of this certificate/course.	
Other (Specify)	By checking the box below, you are	
	agreeing to these terms.	
TOTAL	☐ I agree	

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Section C₃ - SPONSORSHIPS - Maximum of \$500 **Application checklist:** Attach a photocopy of current Registry of Joint Stocks renewal and file number Names and addresses of your organization's directors Most recent Annual Financial statements (Balance Sheet and Income Statement) ☐ Budget for current fiscal year Overview of proposed sponsored event/activity Please describe the proposed sponsored event/activity in as much detail as possible. If you need additional space please use the Additional Information Sheet attached to this application. **Event/Sponsorship Budget** Cost of the event Financing the project/Other revenue Materials/Equipment Organization/Individual costs Registration Other Sponsorships: Other Costs Other Funding (Specify): Specify: Funding requested from Municipality If approved, funds must be spent by March 31. **TOTAL TOTAL**

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Section C4	- CANADA DAY - Maximum of \$3,000 per district	
Maximum	of one application per year, per organization	
Application checklist:		
☐ Attach a photocopy of current Registry of Joint Stocks renewal and file number		
☐ Names and addresses of y	our organization's directors	
☐ Most recent Annual Finan	cial statements (Balance Sheet and Income Statement)	
☐ Budget for current fiscal y		
	Overview of Canada Day events	
Please des	cribe the event/activity in as much detail as possible.	
If you need additional space	please use the Additional Information Sheet attached to this application.	
	Reach of Canada Day events	
Wh	o will benefit from these Canada Day events?	
	Franklitation Budget	
	Event/Activity Budget	
Cost of the events	Financing the project/Other revenue	
Costs	Organization's costs	
Labour	Have you had to borrow for this project?	
Materials	Loan/Debt	
Other Costs	Other Funding (Specify):	
Specify:	Funding requested from Municipality If approved, funds must be spent by March 31.	

V1

TOTAL

TOTAL





Section D - Regional/Health/General - Maximum of \$10,000 Maximum of one application per year, per organization **Application checklist:** Attach a photocopy of current Registry of Joint Stocks renewal and file number Names and addresses of your organization's directors Most recent Annual Financial statements (Balance Sheet and Income Statement) ☐ Budget for current fiscal year **Overview of Request:** Please describe the request in as much detail as possible. If you need additional space please use the Additional Information Sheet attached to this application. **If approved, what will the funds be used for?** Please note: Approved funds must be spent by March 31. **Other Financial Assistance** Have you applied for other financial assistance? ☐ Yes ☐ No If yes, please list all other funding sources, including amounts received. Funding Source 1: Funding Source 2: Funding Source 3:



Additional Information Sheet	