



Grant/Funding Application

Organization Legal Name	Contact Person	
<input type="text"/>	<input type="text"/>	
Position in Organization	Email	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		
<input type="text"/>		
Signature	Date	
<input type="text"/>	<input type="text"/>	

Are you registered through the Registry of Joint Stocks? Yes No

* Please note that all requests for funding (except Section C2) require your organization to be registered through the Registry of Joint Stocks

Please check the box corresponding to the grant for which you are requesting funding.

Type 1	Infrastructure	<input type="checkbox"/>
<i>Only complete Section A (page 2)</i>		
Type 2	Start-up Activity	<input type="checkbox"/>
<i>Only complete Section B (page 3)</i>		
Type 3	Recreation/Sponsorship	<input type="checkbox"/>
<i>Only complete Section C1 for Physical Activity (page 4)</i>		
<i>Only complete Section C2 for Instructor/Facilitator Development (page 5)</i>		
<i>Only complete Section C3 for Sponsorships (page 6)</i>		
<i>Only complete Section C4 for Canada Day (page 7)</i>		
Type 4	Regional/Health/General	<input type="checkbox"/>
<i>Only complete Section D (page 8)</i>		

What you need to know before applying for funding

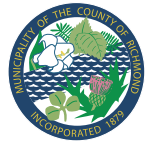
- i) Please only fill one application per grant type (i.e. If you want to apply for both Start-up Activity and Canada Day grants, you must fill out 2 separate application forms.)
- ii) Failure to correctly complete this application may delay funding review/approval.
- iii) Your project cannot start before 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 B0E 1A0

jmartell@richmondcounty.ca

Telephone: 902-226-3973 Fax: 902-226-0295



Section C1 - PHYSICAL ACTIVITY - 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

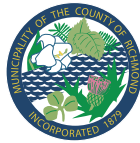
Capital Costs
Labour _____
Materials _____
Other Costs _____
Specify: _____

TOTAL

Financing the project/Other revenue

Organization’s costs
Have you had to borrow for this project? Yes No
Loan/Debt _____
Other Funding (Specify): _____
Funding requested from Municipality
If approved, funds must be spent by March 31. _____

TOTAL



Section C2 - INSTRUCTOR/FACILITATOR DEVELOPMENT - 50% of costs, Maximum of \$500 per application

Maximum of \$500 per individual, per year

Application checklist:

- Attach a copy of the Certificate/Course syllabus/description
- Attach schedule of events for Certificate/Course

Name of Certificate/Course

Location of Certificate/Course

Overview

Why are you interested in this certificate/course?

If you need additional space please use the Additional Information Sheet attached to this application.

Benefit

Who will this certificate/course benefit?

Budget/Cost

Indicate the costs associated with this certificate/course

- Registration _____
- Travel/Fuel _____
- Accommodations _____
- Meals _____
- Other (Specify) _____

TOTAL

PLEASE NOTE

If the Municipality funds your request, you will be required to offer a minimum of 50 hours of instruction for municipal recreation programming within 2 years of the date of completion of this certificate/course. By checking the box below, you are agreeing to these terms.

I agree

Grant Type
3



THE MUNICIPALITY OF THE COUNTY OF
LA MUNICIPALITÉ DU COMTÉ DE
RICHMOND

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 your organization's directors
- Most recent Annual Financial statements (Balance Sheet and Income Statement)
- Budget for current fiscal year

Overview of Canada Day events

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.

Reach of Canada Day events

Who will benefit from these Canada Day events?

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Materials _____	Loan/Debt _____
Other Costs _____	Other Funding (Specify): _____
Specify: _____	Funding requested from Municipality _____
	If approved, funds must be spent by March 31.
TOTAL <input style="width: 80px;" type="text"/>	TOTAL <input style="width: 80px;" type="text"/>

