

Approximate age of the group served by proposed project. ____

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

Ple	ease che	ck which grant you are applying for. *Please refer	to the <u>Communit</u>	y Grant Policy for a detailed descrip	tion.
☐ New Recreation Initiatives: Financial assistance may be provided to groups creating ne expanding existing programs/activities to reach a new/different user group. Funding up				=	es or
	<u>Recreation Operating:</u> Financial assistance may be provided to groups seeking aid to offset the costs of program and facility operating expenses to a maximum of \$1,500. Specifically funding would be considered for;				
	0	A. <u>Leadership:</u> Offset the costs of supplying "qualif providing volunteer individuals/groups to attend tr leadership.	•		
	0	B. <u>Facility Maintenance:</u> Offset the costs of routine Funds may be used in the forms of wages, honorari and general liability.			
	<u>Recreation Programming:</u> Financial assistance may be provided to groups delivering recreational programs. Aid would be considered for the purchase of equipment (up to \$1,000), expanding existing programs and activities (up to \$500), assist with travel and/or registration fees to attend recreation and sporting events (funding range from \$25 - \$100/person) and assist persons with a disability attending a recreation and/or sporting event (up to \$200).				
	Event Hosting:				
	0	 Events that encourage Recreational, Leisure or Cultural Programming, Competitions or Season Finale celebrations Provincial, Regional or National Level Tournaments. Funding up to \$250. 			
	0	Events that celebrate East Hants Community Milest significant community heritage or cultural annivers council.			
	 Event Insurance: Offset the costs of insurance for parades and/or events that require a Provincial On-Highway Permit. Funding up to \$500. 				
Na	me of Or	ganization:			
Contact Person:			Ph	one (h):	
Position in Organization:			Ph	one (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 □	
lf ı	not, plea	se explain by what authority you function			



Councilor Signature:

Date:

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 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) Revenues (please itemize) Total Total AMOUT REQUESTED OF THE MUNICIPALITY? \$_____ IMPORTANT: Please include last year' financial statement of your organization. Please attach additional comment/information you feel is relevant to you 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.