

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

Plea	se ched	ck which grant you are applying for. *Please refer	to the <u>Communit</u> y	Grant Policy for a detailed description.	
	<u>New Recreation Initiatives:</u> Financial assistance may be provided to groups creating new recreational opportunities or expanding existing programs/activities to reach a new/different user group. Funding up to \$250.				
	<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 traleadership.	-		
	0	B. <u>Facility Maintenance:</u> Offset the costs of routine Funds may be used in the forms of wages, honorari expenses for maintenance and repair projects.			
	Recreation Programming: 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:				
	 Events that encourage Recreational, Leisure or Cultural Programming, Competitions or Season Finale celebrations, Provincial, Regional or National Level Tournaments. Funding up to \$250. 				
 Events that celebrate East Hants Community Milest significant community heritage or cultural annivers council. 					
	0	Event Insurance: Offset the costs of insurance for p Permit. Funding up to \$500.	arades and/or eve	nts that require a Provincial On-Highway	
Nam	e 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 □	
If no	t, pleas	se explain by what authority you function			



Date:

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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 AMOUNT 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. Councilor Signature: