

COMMUNITY PARTNERSHIP FUND Application Form

Address: Box 230, Suite 170, 15 Commerce Crt., Elmsdale, NS, B2S 3K5 Phone: (902) 883-3387 Toll Free: 1-866-758-2299

Organizational Information

Organizati	tion Name:	
Mailing Ad	ddress:	
		Title:
		Email Address:
Registered	ed of Joint Stocks Number:	
Registered	ed charitable organization under <i>Ind</i>	come Tax Act: Yes No
lf	f yes, please provide Charitable Nui	mber:
Grant I	Levels	
Grant Le	evels	
1.1.	,	an organization's life cycle, the Community Partnership Fund may be
		be the sole funding source of the organization with the intent that the
	year period may be extended a	ther sources of sustainable funding for their programming. This three
1.2.	, ,	granted in 1.1, beyond three years, grants will not exceed 50% of the
		nizations must provide financial documentation proving proof that
	expenditures are at least doubl	e the amount of the grant requested.
See Comm	munity Partnership Fund Policy for	more information.
Amount R	Requested:	



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Supporting Documentation

Applicants are advised that grant approvals will be conditional on the applicant providing such documentation and other information as the Municipality may require to evaluate eligibility and merits of the application.

Please attach the following:				
Proof of good standing on the Registry of Joint Stock Companies;				
Proof of charitable registration status under the <i>Income Tax Act</i> ; (if applicable)				
☐ List of current Board of Directors and Officers;				
\square Statement of objectives, purposes and activities;				
☐ Budget for current fiscal year;				
\sqsupset Financial statements for last fiscal year; and				
$\ \square$ Statement of intended use for grant funds.				
Name (please print)	Signature			
Date				

Please submit this form on or before October 31st to:

Community Development Coordinator Municipality of East Hants Box 230, Unit 170 15 Commerce Court Elmsdale, NS B2S 3K5

Telephone: 902-883-2152 Email: jswinemer@easthants.ca