Municipality of the County of Colchester
Grants to Non-Profit Organizations - Application Form

Please review the attached Grants to Non-profit Organizations Policy, Grants to Non-profit Organizations Application Guidelines, and the Financial Statement and Budget Template. Attach all the additional information requested before submitting your application. Applications must be received by **4:30, January 31st**.

Name of Non-Profit Organization_____

Primary Contact Person _____

Daytime phone number (□ Work □ Cell □ Home) _____

Mailing address _____

Fax Number _____ E-mail Address _____

Organization Website _____

Secondary Contact Person _____

Daytime phone number (□ Work □ Cell □ Home) _____

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1. Amount of funding requested: $_____

2. The organization is an/a:

   ☐ Incorporated Body Incorporation # _____

   ☐ Registered Charity Registered Charity #_____

   (Only Incorporated Non-Profits or Registered Charities are eligible to apply.)

3. The geographic area serviced by the organization: _____

4. Please describe, in detail, the specific use of the funds requested. *Attach additional sheet if needed.*

   ☐ Capital ☐ Program / Service

5. How will your community benefit from the funds received?

6. Does your organization own the facility it wishes to upgrade? ☐ Yes ☐ No
   Please specify the owner(s) and attach a copy of the lease or deed.

7. Please check other grants from the Municipality of the County of Colchester, if any, your organization has received in the past five years.

   ☐ Insurance Grant
   ☐ Trails Grant
   ☐ Economic Development Grant
   ☐ Parks Grant
   ☐ Tax Exemption

8. Will your organization be making a presentation to Council?

   ☐ Yes ☐ No
   (If you checked "Yes", you will be contacted, at the provided number, with the date and time for your presentation. Presentations are a maximum of 10 minutes.)

Please be sure to include the following information with your completed application:

- ☐ Registry of Joint Stocks Organization Profile.
- ☐ Financial Statements from last complete fiscal period (4 pages maximum *or* attached template).
- ☐ **Please include written quotes for capital related projects.**
- ☐ Most recent Budget, including revenues and expenditures (2 pages maximum *or* attached template).
- ☐ If your organization received funds last year through this program, please include a brief update on how you spent the money you received. Include, if applicable, a statement of community impact and/or photos of the event, upgrades, and/or materials.
- ☐ Copy of facility deed or lease.

I, the undersigned, hereby state that, to the best of my knowledge, all information contained in this application form and any attachments are a true representation of our proposed project.

Printed Name of Representative	**Signature of Representative**	**Position Held in Organization**	**Date MM / DD / YYY**

Please return this form and all requested information by mail, fax or in person to:

Recreation Services
Municipality of the County of Colchester
1 Church St.
P.O. Box 697
Truro, Nova Scotia
B2N 5E7
(Fax): 843-4065

Should you have any questions please contact Recreation Services at 897-3155 or recreation@colchester.ca