



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

Please review the [Grants to Non-Profit Organizations Policy](#), [Grants to Non-Profit Organizations Application Guidelines](#), and the [Financial Statement](#) and [Budget Template](#). Please attach all the additional information requested before submitting your application.

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

- Registry of Joint Stocks Organization Profile
- Financial Statements from last fiscal period (4 pages maximum *or* attached template)
- Please include written quotes for capital related projects
- Most recent budget including revenue 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, a statement of community impact and/or photos of the event, upgrades, and/or materials.
- Copy of facility deed or lease

<p><b>Name of Non-Profit Organization:</b> _____</p> <p><b>Primary Contact Person:</b> _____</p> <p>Daytime phone number (<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home): _____</p> <p>Mailing address: _____</p> <p>Fax number: _____ E-Mail address: _____</p> <p>Organization website: _____</p> <p><b>Secondary Contact Person:</b> _____</p> <p>Daytime phone number (<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home): _____</p> <p>E-Mail address: _____</p>
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1. Amount of funding requested: \$ \_\_\_\_\_
2. This organization is a(n):
  - Incorporated Body                      Incorporation #: \_\_\_\_\_
  - Registered Charity                      Registered Charity #: \_\_\_\_\_
3. The geographic area serviced by the organization:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

4. Please describe, in detail, the specific use of the funds requested. Give a project description. Attach additional sheet if needed.

Capital

Program/Service

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

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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.

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

Insurance Grant

Trails Grant

Parks Grant

Tax Exemption

Community Events Grant

8. Your organization will be asked to make a presentation to council. You will be contacted at the number you have provided with the date and time of your presentation.

Presentations can be a maximum of 10 minutes.

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 within organization	Date mm/dd/yyyy

Deadline: January 31, 2022

Please return this completed form with all requested information by mail, Email [recreation@colchester.ca](mailto:recreation@colchester.ca), fax, or in person to:

**Recreation Services**  
**Municipality of the County of Colchester**  
1 Church Street  
Truro, Nova Scotia, B2N 3Z5  
Fax: 902-843-4065

If you have any further questions, please feel free to contact Craig Burgess at 902-897-3181 or [cburgess@colchester.ca](mailto:cburgess@colchester.ca)