

GRANTS TO NON-PROFIT ORGANIZATIONS APPLICATION FORM

The grant application process is an important tool to permit diligent use of the Municipality's financial resources. This process is intended to provide the information necessary for the Municipality to properly evaluate and rank projects for funding.

Grants will only be given to those organizations where there is a clearly demonstrated financial need.

In this application the word "project" will be used in place of the project, activity, facility, or event you are applying for.

GENERAL INFORMATION	
All applicants must be registered with the Nova Scotia Registry of Joint Stock Companies (or equivalent).	
Who are you registered with?	
What is your organization's full registered name?	
Contact Person:	Position:
Full Mailing Address:	Phone: Alternate Phone: E-mail Address:
Brief description of the organization's activities and mandate: <i>(Attach printed materials if available)</i>	
Description of proposed project: <i>(Attach separate sheet if necessary)</i>	

FINANCIAL

***Please note that the deadline for all applications is March 31 if more than \$3,000 is requested**

Please indicate which category of grant this application applies to:

- Capital construction, renovations & major repairs (must supply copy of deed or lease)**
*Up to 50% of the total cost of project
- Operation and maintenance**
*Up to 20% of total annual operating costs, to a max of \$3,000
- Programs**
*Up to 30% of the total program budget, to a max of \$5,000
- Special events and initiatives**
*Up to 30% of the total cost, to a max of \$5,000

The Municipality has specific guidelines for each grant category listed. For full details such as eligibility, criteria and deadlines, please refer to: <http://www.cumberlandcounty.ns.ca/grant-opportunities.html>

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What is the total cost of your project?

\$ _____ (Specify a dollar amount)

NG

Amount of assistance requested from the Municipality:

\$ _____ (Specify a dollar amount)

Total contribution made by your organization:

Cash: \$ _____

In kind (labour) \$15/hour X _____ # of hours = \$ _____

In kind (professional services) \$25/hour X _____ # of hours = \$ _____

In kind (other*) \$ ____ / hour X _____ # of hours = \$ _____

Total Contribution (cash plus in kind) \$ _____

*If using "other" in kind, please provide a justification of the hourly rate used.

Please describe how your organization raises money.

FINANCIAL

Has the Municipality provided financial assistance for this project in the past?

Yes No

If yes, list when and the amount.

Do we provide any other funding or assistance to your organization (e.g. meeting space, sponsorship, tax exemptions, etc.)?

Please list all other grants that your organization has applied to for this project other than the Municipality of Cumberland.

How will you fund this project if you do not receive a grant from the Municipality?

BENEFIT TO THE COMMUNITY

Will this project improve the health and well-being of residents? If so, please describe.

Yes No

Will this project attract visitors? If so, who and how many?

Yes No

Will this project focus on decreasing barriers (i.e. accessibility, financial, transportation, etc.)?

If so, please describe.

Yes No

Inclusivity can be described as including any member of society regardless of gender, income level, race, sexuality, age, disability, etc. Do you feel that your project is inclusive according to this description? If so, please explain.

Yes No

Will this project benefit local business? If so, please describe.

Yes No

If there are other benefits that your project will bring to the community, please describe.

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PROJECT FEASIBILITY AND LIKELIHOOD OF SUCCESS

Why is it believed that this project will be successful?

How many people are involved in implementing this project?

Is there a similar project currently offered in your area?

Yes No

If so, describe how both will be successful.

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COMMUNITY SUPPORT

Please describe what community support you have or will have for this project?

What effort has been made to determine the support of the community?

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LONG TERM SUSTAINABILITY

Does your organization have a history of successful projects? Please list.

Does your organization have any reserves?

Yes No

If yes, are the reserves earmarked for anything in particular? Please list.

If not, how will future maintenance and unforeseen costs be addressed?

How are you recruiting new members/volunteers?

How do you promote your organization?

Does your organization foresee requiring funding from the Municipality every year to be able to remain operational?

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ORGANIZATIONAL PRACTICES	
<p>Is your budget available to the public? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Are your financial statements available to the public? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Do you hold an Annual General Meeting (AGM)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Do you have a written strategic plan (by any name)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
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ENVIRONMENTAL IMPACT	
<p>Would there be any positive effects on the environment as a result of this project?</p>	
<p>Will the project incorporate “Green” technology or energy efficient components? Please describe.</p>	
<p>What is your organization doing to reduce the amount of waste material generated for this project (e.g. eliminating single use plastics)?</p>	
<p>Do you have the proper sorting receptacles for public use?</p> <p><i>CJSMA Cumberland Joint Services Management Services has sorting stations available for community events and can be reached by calling (902) 667-5141 to book one for your event.</i></p>	
<p>What policies and practices do you have in place regarding second-hand smoke (tobacco, vaping or cannabis)?</p>	
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DETAILED PROJECT BUDGET

(A separate document may be used instead of this section
as long as all revenues and expenditures are included)

REVENUE:	
Fees or charges	
Membership	
Fundraising	
Grant requested from Municipality	
Grants requested from other sources	
Sponsorships	
Monetary contributions/donations	
In-kind contributions (Value)	
Other (specify)	
TOTAL REVENUES:	

EXPENDITURES:	
Equipment & materials	
Transportation	
Facility rental	
Utilities	
Other (specify)	
Other (specify)	
Other (specify)	
Other (specify)	
TOTAL EXPENDITURES:	

CHECKLIST:

The following checklist is to be used by the applicant and submitted with the application. If a listed item is not applicable to your application, it must be indicated as such.

Please attach the following:

- A copy of Deed or Lease if a capital application
- A financial statement for the organization from the previous year
- Supporting financial information for all current funds including surpluses and reserves along with copies of recent bank statements for all accounts.
- Organization’s annual budget for upcoming/current year
- Detailed Budget for this project (a template is provided)
- Minutes from organization’s most recent Annual General Meeting (AGM).
**If you do not have an AGM, please include the meeting minutes from your most recent meeting.*
- Copies of quotes for any goods or services to be purchased as part of this project
- Up to three letters of support for this project. How many are being submitted? _____

For office use only:

Was the application received on time? Yes No
 Was the application complete? Yes No
 Has the applicant demonstrated financial need? Yes No
 Has the applicant accounted for previous grants from the County? Yes No

All complete applications will be evaluated based on the following criteria:

FINANCIAL (20%)	Pages 2-3	/7	x 2.86=
BENEFIT TO THE COMMUNITY (20%)	Page 4	/6	x 3.33=
PROJECT FEASIBILITY AND LIKELIHOOD OF SUCCESS (20%)	Page 5	/3	x 6.67=
COMMUNITY SUPPORT (10%)	Page 5	/2	x 5.00=
LONG TERM SUSTAINABILITY (10%)	Page 6	/5	x 2.00=
ORGANIZATIONAL PRACTICES (10%)	Page 7	/4	x 2.50=
ENVIRONMENTAL IMPACT (10%)	Page 7	/5	x 2.00=
TOTAL			