

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.***

Please note: If your organization received funds from the Municipality in the past three years, a new application will only be considered if you have completed the mandatory Final Project Report Form which can be found here: <https://cumberlandcounty.ns.ca/grant-opportunities.html>

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: *(Attach printed materials if available)*

Description of proposed project: *(Attach separate sheet if necessary)*

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>

NG

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) \$ _____ **Use this amount in your project budget (pg. 6)*

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

| | |
|--|----|
| <p>Please describe how your organization raises money.</p> | |
| <p>Has the Municipality provided financial assistance for this project in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list when and the amount.</p> | |
| <p>If your organization received funds from the Municipality in the last three years, have you completed the mandatory Final Project Report Form which can be found here: https://cumberlandcounty.ns.ca/grant-opportunities.html Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| <p>Please list all other grants that your organization has applied to for this project other than the Municipality of Cumberland.</p> | |
| <p>How will you fund this project if you do not receive a grant from the Municipality?</p> | |
| | /7 |

| | |
|--|--|
| BENEFIT TO THE COMMUNITY | |
| <p>Will this project improve the health and well-being of residents? If so, please describe. Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| <p>Will this project attract visitors? If so, who and how many? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |

| | |
|---|----|
| <p>Will this project focus on decreasing barriers (i.e. accessibility, financial, transportation, etc.)? If so, please describe. Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| <p>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 <input type="checkbox"/> No <input type="checkbox"/></p> | |
| <p>Will this project benefit local business? If so, please describe. Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| <p>If there are other benefits that your project will bring to the community, please describe.</p> | |
| | /6 |

| PROJECT FEASIBILITY AND LIKELIHOOD OF SUCCESS | |
|--|----|
| <p>Why is it believed that this project will be successful?</p> | |
| <p>How many people are involved in implementing this project?</p> | |
| | /2 |

COMMUNITY SUPPORT

Please describe what you have done to determine the level of community support you have or will have for this project?

/1

LONG TERM SUSTAINABILITY

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

How are you recruiting new members/volunteers?

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

/3

ORGANIZATIONAL PRACTICES

Is your budget available to the public?

Yes No

Are your financial statements available to the public?

Yes No

Do you hold an Annual General Meeting (AGM)?

Yes No

Do you have a written strategic plan (by any name)?

Yes No

/4

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 (Enter amount from Page 2) | |
| Other (specify) | |
| TOTAL REVENUES: | |

| | |
|---|--|
| EXPENDITURES: | |
| Equipment & materials | |
| Transportation | |
| Facility rental | |
| Utilities | |
| "In Kind" (Enter amount from Page 2) | |
| 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 (30%) | Pages 2-3 | /7 | x 4.29= |
| BENEFIT TO THE COMMUNITY (20%) | Page 3-4 | /6 | x 3.33= |
| PROJECT FEASIBILITY AND LIKELIHOOD OF SUCCESS (20%) | Page 4 | /2 | x 10.00= |
| COMMUNITY SUPPORT (10%) | Page 5 | /1 | x 10.00= |
| LONG TERM SUSTAINABILITY (10%) | Page 5 | /3 | x 3.33= |
| ORGANIZATIONAL PRACTICES (10%) | Page 5 | /4 | x 2.50= |
| TOTAL | | | |