

For office use only:
 Date Received: _____
 Date Approved: _____
 Date to Finance: _____

GRANTS TO NON-PROFIT ORGANIZATIONS REGIONAL GRANTS AND ANNUAL FUNDING APPLICATION FORM

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 previous fiscal year, 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: <i>(Attach printed materials if available)</i>	
Description of proposed project: <i>(Attach separate sheet if necessary)</i>	

Please contact Peter McCracken at grants@cumberlandcounty.ns.ca or 902-397-3431 if you have any questions.

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)
- Operation and maintenance
- Programs
- Special events and initiatives

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>

What is the total cost of your project?

\$ _____ (Specify a dollar amount)

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.

Please describe how your organization raises money.

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

Yes No

If yes, list when and the amount.

If your organization received funds from the Municipality in the previous fiscal year, have you completed the mandatory Final Project Report Form which can be found here:

<https://cumberlandcounty.ns.ca/grant-opportunities.html>

Yes No

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?

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:	

Please contact Peter McCracken at grants@cumberlandcounty.ns.ca or 902-397-3431 if you have any questions.

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)
- } **Unless they are the same*
- 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? _____

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Was the application received on time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the application complete?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the applicant demonstrated financial need?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the applicant accounted for previous grants from the County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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