

## 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 past three years, a new application will only be considered if have you 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)*

Please contact Shelley Hoeg-Eaton at [clerk@cumberlandcounty.ns.ca](mailto:clerk@cumberlandcounty.ns.ca) or 902-297-3989 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.**

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**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 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  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)

<b>REVENUE:</b>	
<b>Fees or charges</b>	
<b>Membership</b>	
<b>Fundraising</b>	
<b>Grant requested from Municipality</b>	
<b>Grants requested from other sources</b>	
<b>Sponsorships</b>	
<b>Monetary contributions/donations</b>	
<b>“In kind” contributions (Enter amount from Page 2)</b>	
<b>Other (specify)</b>	
<b>TOTAL REVENUES:</b>	

<b>EXPENDITURES:</b>	
<b>Equipment &amp; materials</b>	
<b>Transportation</b>	
<b>Facility rental</b>	
<b>Utilities</b>	
<b>“In Kind” (Enter amount from Page 2)</b>	
<b>Other (specify)</b>	
<b>Other (specify)</b>	
<b>Other (specify)</b>	
<b>TOTAL EXPENDITURES:</b>	

Please contact Shelley Hoeg-Eaton at [clerk@cumberlandcounty.ns.ca](mailto:clerk@cumberlandcounty.ns.ca) or 902-297-3989 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)
- 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? \_\_\_\_\_

*\*Unless they are the same*

**For Office Use Only:**

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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