

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:

Description of proposed project:

BENEFIT TO THE COMMUNITY

Please list the expected benefits to the community as a result of this project.

<p>Will this project meet a significant community need? If so, please describe. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<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 business? If so, please describe. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
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PROJECT FEASIBILITY AND LIKELIHOOD OF SUCCESS	
<p>Is this a continuation of an existing project or a new one?</p>	N/G

<p>Why is it believed that this project will be successful?</p>	
<p>How many people are involved in planning this project?</p>	
<p>What skills do the people in your organization have to make this project successful?</p>	
<p>Is there a similar project currently offered in your area? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe how both will be successful.</p>	
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COMMUNITY SUPPORT	
<p>Please describe what public interest has been expressed in the project.</p>	
<p>What effort has been made to determine the support of the community?</p>	
<p>Who are the stakeholders (<i>a person or group of people who have an interest in the project</i>)?</p>	
<p>Please describe how you are engaging the community in this project (i.e. marketing, meetings, social media, etc.).</p>	
<p>How many people are involved in implementing this project and how many are volunteers?</p>	

Approximately how many volunteer hours will be dedicated to this project?	
Please list your partners for this project. (<i>Individuals or other organizations who have some degree of involvement with your project</i>).	
Please attach letters of support for this project. (max. 3)	
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LONG TERM SUSTAINABILITY

Does your organization have a history of successful projects? Please list.	
Does your organization have any debt? If so, please describe how you are managing it.	
Does your organization have any reserves? If so, please indicate the amount of reserves and describe what they are intended for.	
How are you addressing the lifecycle costs of the facility or project?	
How many new members have joined your organization in the past year?	
Please briefly describe your organization's long term financial plan.	

<p>Does your organization foresee requiring funding from the Municipality every year to be able to remain operational?</p>	
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ORGANIZATIONAL PRACTICES	
<p>Do you publicly disclose your budget? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Do you publicly disclose your financial statements? 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>	
<p>What is your organizational structure?</p>	
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ENVIRONMENTAL IMPACT	
<p>Will any existing negative impacts on the environment be reduced or would there be any other positive effects on the environment, as a result of this project?</p>	
<p>Will the project incorporate “Green” technology or energy efficient components intended to minimize future impacts to the environment (i.e. better energy ratings, “Green” materials, natural systems, lower GHG emissions, erosion control, etc.)? Please provide a description of the “green” components.</p>	
<p>What is your organization doing to reduce the amount of waste material generated for this project?</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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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?

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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 list the results of all fundraisers held by your organization in the past year and any planned fundraisers for this year.

Please list all sponsors for your organization.

<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>Do we provide any other funding or assistance to your organization?</p>	
<p>Please list all other grants your organization has applied for in regards to this project.</p>	
<p>How will you fund this project if you do not receive a grant from the Municipality?</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

**Unless they are the same*

For office use only:

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:

BENEFIT TO THE COMMUNITY (18%)	/7	x 2.57=
PROJECT FEASIBILITY AND LIKELIHOOD OF SUCCESS (18%)	/4	x 4.50=
COMMUNITY SUPPORT (18%)	/10	x 1.80=
LONG TERM SUSTAINABILITY (8%)	/7	x 1.14=
ORGANIZATIONAL PRACTICES (8%)	/5	x 1.60=
ENVIRONMENTAL IMPACT (8%)	/5	x 1.60=
FINANCIAL (18%)	/8	x 2.25=
WAS THE APPLICATION RECEIVED ON TIME (2%)	/2	x 1.00=
WAS THE APPLICATION COMPLETE (2%)	/2	x 1.00=
TOTAL	/50	x 2.00=