



Municipality of the County of Colchester
Grants to Non-Profit Organizations
Application Form

Please review the [Grants to Non-Profit Organizations Policy](#), [Grants to Non-Profit Organizations Application Guidelines](#), and the [Financial Statement](#) and [Budget Template](#). Please attach all the additional information requested before submitting your application.

<p>Name of Non-Profit Organization: _____</p> <p>Primary Contact Person: _____</p> <p>Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____</p> <p>Mailing address: _____</p> <p>Fax number: _____ E-Mail address: _____</p> <p>Organization website: _____</p> <p>Secondary Contact Person: _____</p> <p>Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____</p>
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1. Amount of funding requested: \$ _____

2. This organization is a(n):

Incorporated Body Incorporation #: _____

Registered Charity Registered Charity #: _____

(Only Incorporated Non-Profits or Registered Charities are eligible to apply.)

3. The geographic area serviced by the organization:

4. Please describe, in detail, the specific use of the funds requested. *Attach additional sheet if needed.* Capital Program/Service

5. How will your community benefit from the funds received?

6. Does your organization own the facility it wishes to upgrade?

- Yes No

Please specify the owner(s) and attach a copy of the lease or deed.

7. Please check other grants from the Municipality of the County of Colchester, if any, that your organization has received in the past five years:

- Insurance Grant Trails Grant Parks Grant
 Tax Exemption Community Events Grant

8. Will your organization be making a presentation to council?

- Yes No

(If yes, you will be contacted at the provided number with the date and time of your presentation. Presentations can be a maximum of 10 minutes.)

Please be sure to include the following information with your completed application:

- Registry of Joint Stocks Organization Profile
- Financial Statements from last fiscal period (4 pages maximum or attached template)
- Please include written quotes for capital related projects
- Most recent budget including revenue and expenditures (2 pages maximum or attached template)
- If your organization received funds last year through this program, please include a brief update on how you spent the money you received. Include, if applicable, a statement of community impact and/or photos of the event, upgrades, and/or materials
- Copy of facility deed or lease

I, the undersigned, hereby state that, to the best of my knowledge, all information contained in this application form and any attachments are a true representation of our proposed project.

Printed name of representative	Signature of representative
Position within organization	Date mm/dd/yyyy

Deadline: January 31, 2022

Please return this completed form with all requested information by mail, Email recreation@colchester.ca fax, or in person to:

**Recreation Services
Municipality of the County of Colchester
1 Church Street
Truro, Nova Scotia, B2N 3Z5
Fax: 902-843-4065**

If you have any further questions, please feel free to contact Craig Burgess at 902-897-3181 or cburgess@colchester.ca