



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.

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, a statement of community impact and/or photos of the event, upgrades, and/or materials.
- Copy of facility deed or lease

<p>Name of Non-Profit Organization: _____</p> <p>Primary Contact Person: _____</p> <p>Daytime phone number (<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> 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="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home): _____</p> <p>E-Mail address: _____</p>

1. Amount of funding requested: \$ _____
2. This organization is a(n):
 - Incorporated Body Incorporation #: _____
 - Registered Charity Registered Charity #: _____
3. The geographic area serviced by the organization:

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

4. Please describe, in detail, the specific use of the funds requested. Give a project description. 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. Your organization will be asked to make a presentation to council. You will be contacted at the number you have provided with the date and time of your presentation. Presentations can be a maximum of 10 minutes.

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, 2025

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