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| **INSTRUCTIONS** |
| * Application deadline is March 31st, 2022. * Please submit application including all supportive documentation prior to deadline. Incomplete applications will not be considered for funding. Further information may be requested as required. * If you do not have enough space to answer a question, please attach a separate sheet. * Please refer to the Municipality’s Municipal Grant Policy available on [www.victoriacounty.com](http://www.victoriacounty.com) or by contacting the Municipality at 902-295-3659. * Return completed applications in person, by mail or by email to:   Steff MacLeod  Municipality of the Victoria County  P.O. Box 370  495 Chebucto Street  Baddeck, NS B0E1B0  [steff.macleod@countyvictoria.ns.ca](mailto:steff.macleod@countyvictoria.ns.ca) |

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| **APPLICATION CHECKLIST** | |
|  | A signed copy of the completed grant application form |
|  | Most recent financial statements or Treasurer’s report |
|  | Proof of current registration as a non-profit or charitable organization |
|  | *Development grants only*: Letter of support from municipal staff member |
|  | *Capital grants only*: Quotes for capital improvement or equipment purchase |
|  | *Operational grants only:* Annual operating budget for fiscal 2022-2023 |

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| **PART 1 - APPLICANT INFOMATION** | | | | |
| Community organization (applicant): | |  | | |
| NS Registry of Joint Stocks Number: | |  | | |
| Contact name: |  | | Title: |  |
| Mailing address: |  | | Phone: |  |
|  | | | Email: |  |

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| **PART 2 – APPLICATION TYPE (select one)** | | |
|  | **Development** - To provide one time financial support to fund or sponsor an event, program, project or activity that enhances, supports, promotes, informs/educates, celebrates, preserves and/or provides access to:   * 1. Arts/Culture/Community Heritage   2. Community Beautification/Environmental Sustainability   3. Community Health and Wellness   4. Youth/Seniors Supports   5. Tourism/Economic Development   *Cannot exceed one-third (1/3) of the total project cost.*  *Maximum amount eligible to request is* ***$10,000.*** | |
|  | **Capital -** To provide one time support for the purchase of property, the construction, remodeling or expansion of a facility, or purchase of equipment.  *Cannot exceed one-third (1/3) of the total project cost.*  *Maximum amount eligible to request is* ***$20,000.*** | |
|  | **Operational** - To provide grants to community organizations that have a mandate to deliver an ongoing service or program that is generally delivered by a municipality, or complements a service being offered by the Municipality.  *Maximum amount eligible to request is* ***$10,000.***  *Not intended to support permanent full-time staff salaries or wages.* | |
| **Amount requested:** | |  |

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| **PART 3 – PROPERTY TAX RELIEF** | |
|  | If your organization is applying for a property tax relief grant, please check here and indicate your tax account(s) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART 4 – PROJECT INFORMATION** |
| 1. Why are funds being requested? What will they be used for? Please outline the details of the event, program, project, activity or service. |
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| 1. Please describe the benefits your event, program, project, activity or service will provide to the Municipality of the County of Victoria and its residents. |
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| 1. Please describe the community/area and group(s) your organization serves. |

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| **PART 5 – BUDGET** | |
| **PLANNED EXPENDITURES (list all costs related to your event, program, project, activity or service)** | **Amount** |
| Material |  |
| Labour |  |
| Equipment |  |
| Other (Please specify) |  |
| Other (Please specify) |  |
| Other (Please specify) |  |
| Other (Please specify) |  |
| **TOTAL PROJECT COST** |  |
|  |  |
| **APPLICANT CONTRIBUTION (list all sources of revenue generated by applicant)** | **Amount** |
| Fundraising |  |
| Self-generated revenue |  |
| Cash on hand |  |
| Bank loans |  |
| Donated material |  |
| Donated labour |  |
| Donated equipment |  |
| **TOTAL APPLICANT CONTRIBUTION** |  |
|  |  |
| **OTHER FUNDING (list all sources of other funding including all municipal sources)** | **Amount** |
| Federal |  |
| Provincial |  |
| Municipal |  |
| Other (Please specify) |  |
| Other (Please specify) |  |
| Other (Please specify) |  |
| **TOTAL OTHER FUNDING** |  |

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| **PART 6 – DECLARATION AND SIGNATURE** | | |
| The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I give the Municipality of the County of Victoria authority to verify any and all information pertaining to this application. I also confirm that I have the authority to complete this application on behalf of the applicant organization. | | |
| Application prepared by: | | |
|  |  |  |
| *Print Name* | *Signature* | *Date* |

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| **FOR OFFICE USE ONLY** | | |
| **Date application received:** | |  |
| **Received by:** | |  |
| **Municipal funding received last year:** | |  |
|  | **Fulfilled all obligations from prior year?** | |
|  | **Clear of all debt owing to Municipality?** | |
|  | | |
| **Amount approved:** | |  |