



**MUNICIPALITY OF THE COUNTY OF INVERNESS
GRANT APPLICATION FORM**

LEADERSHIP ASSISTANCE

Instructions:

Please complete this application form and submit it, along with supporting documentation to:

Municipality of the County of Inverness
Attention: Donna MacDonald, Director Recreation/Tourism
375 Main Street
Port Hood, NS B0E 2W0
Fax: (902) 787 – 3110 or
Email: donna.macdonald@invernesscounty.ca

Grants are subject to the availability of funds in Council's current year's operating budget. Approval of a grant application in any year does not imply or suggest that approval will be received in subsequent years. Should you have any questions or require assistance in completing this application form please contact Donna MacDonald.

Name of Individual: _____

Age: (if individual is 18 or under) _____

Civic Mailing Address: _____

Phone Number: _____ Email: _____

Program/Course Details:

What is the purpose of this program/course?

Date(s) of program/course: _____

Location program/course: _____

What was required to qualify to attend this program/course? (If not applicable enter N/A)

What other sources of funding have you requested? (If not applicable enter N/A)

Please indicate total cost of program/course. (Include a copy of any receipts that clearly indicate expenses that were paid in order for you to complete the program/course as well as a certificate of completion).

I hereby declare that all the information presented and/or provided with this application is true and correct.

Name: (Signature)

(Print Name)

Date Submitted: _____