

# Councillor

DISCRETIONARY, DISTRICT FUNDING

## Application Form



OFFICE USE ONLY			
<i>VENDOR ID</i> _____	<i>HST</i>	<i>Y</i>	<i>N</i>
<i>GL</i> _____ - _____ - _____ - _____	\$	_____	_____
<i>GL</i> _____ - _____ - _____ - _____	\$	_____	_____
<i>GL</i> _____ - _____ - _____ - _____	\$	_____	_____
<i>GL</i> _____ - _____ - _____ - _____	\$	_____	_____
<i>DEPT HEAD</i> _____	<i>AUTHORIZED BY</i> _____		

This form is to be completed when applying for funding under one thousand dollars (\$1000.00) from a Councillor's District Funding. A Councillor can provide at their discretion financial assistance under one thousand dollars from their annual allotted district funding to eligible community organizations for community purposes. 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. Municipal funding allotments in some cases will be readjusted or referred to other appropriate funding sources.

### Complete and submit to:

Morgan Murray, 902-323-0609 Email: morgan.murray@invernesscounty.ca  
Civic/Mailing: 375 Main Street, PO Box 179, Port Hood, NS B0E 2W0

Authorized municipal expenditures must comply with section 65A of the Municipal Government Act, 1998, c. 18.

### Applicant Details

Organization name:	Registry of Joint Stocks #:
Contact name:	
Postal address:	
Preferred contact number:	Email:

### Funding Request Details (please select the Councillor from whom you are requesting assistance)

Dist. 1 – \_\_\_\_\_ Dist. 2 – \_\_\_\_\_ Dist. 3 – \_\_\_\_\_ Dist. 4 – \_\_\_\_\_ Dist. 5 – \_\_\_\_\_ Dist. 6 – \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ .00

### Declaration

On behalf of the above organization, I acknowledge that funding is being requested from a Councillor's District Fund in accordance with the Community Grants Policy. I declare that the details are correct to the best of my ability.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Position: \_\_\_\_\_ Date: \_\_\_\_\_

On a separate page, please provide the following information:

- Breakdown of amount requested \$ \_\_\_\_\_ .00
- Reason for funding including all supporting documents, i.e. project description, invoices, expenses, organization financials, etc.
- Any other funding that has been received for this purpose including all supporting documents

### OFFICE USE ONLY

I authorize this request for funding from my Councillor District Fund, acknowledging the request is eligible in accordance with the Community Grants Policy.

Councillor name: \_\_\_\_\_ Councillor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is Council approval required: Y / N      If yes, date approved by Council: \_\_\_\_\_      Assigned Staff/ Director/Manager Initials: \_\_\_\_\_