

Community District/Regional Development Grant, and Recreation Facility Grant



OFFICE USE ONLY

FILE NUMBER : _____
ASSIGNED TO : _____
ACKNOWLEDGMENT : _____
COW : ____ / ____ / ____ **Council :** ____ / ____ / ____

Application form

Overview

The Municipality of the County of Inverness offers a District/Regional Capital Development Grant, and a Recreation Facility Grant to assist communities and not-for-profit groups with the development of projects or initiatives that help foster integrated community growth, collaboration and designed to spur the development of innovative ideas and projects that will enhance the health and prosperity of Inverness County.

Freedom of Information and Protection of Privacy Act

The Community District/Regional Development Grant, or Recreation Facility Grant Applicant acknowledges that the Municipality of the County of Inverness is subject to the laws of the Province of Nova Scotia including the Freedom of Information and Protection of Privacy Act (the "Act") and that the obligations of the municipality under the act supersede any provisions of this agreement.

- i) The Community District/Regional Development Grants, or Recreation Facility Grant Applicant acknowledges it may declare confidentiality of the submission and information however the Municipality is required to adhere to the requirements of the Freedom of Information and Protection of Privacy Act, as amended.
- ii) The Community District/Regional Development Grants, or Recreation Facility Grant Applicant acknowledges and permits the Municipality to include the name of the Applicant, the Project Description, photos and materials referencing the work in its public information and communications.

Submit your completed application form to:

Attention: Melanie Beaton
Municipality of the County of Inverness
375 Main Street, P.O. Box 179
Port Hood, Nova Scotia B0E 2W0
melanie.beaton@invernesscounty.ca

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

Applicant details

Organization name:	
Contact name:	
Postal address:	
Preferred contact number:	Email:

Grant details

Start date:	End date:	Project title:
District:	Registry of Joint Stocks #:	Charitable # and status:

Project details

On a separate page, please provide the following details:

1. Provide a brief description of your project.
2. How does this project enhance the lives of residents of and/or visitors to the Municipality of the County of Inverness?
3. How will your project remain sustainable in the future?
4. How many, if any, new partnerships will you as a result of this project?
5. How many volunteers will be contributed to the overall project?
6. How will the funding received from the Municipality of the County of Inverness be recognized publicly by your organization?
7. Provide most recent financial statements for your organization
8. If applicable, provide proof of ownership or letter of authority, as well as necessary permits to complete the work.

Project financials		
In-kind contributions: Indicate below the type(s) of in-kind (non-monetary) goods or services that you expect to be contributed to the project and their approximate value.		
Contributor(s)	Description of contribution	Value of contribution (in \$)
Applicant contribution (in-kind)		
Revenues & expenses: Please include only monetary contributions, confirmed or unconfirmed, you expect to receive. Where necessary, please attach any additional details such as funding confirmations. If you need additional lines, attach it on a separate page.		
REVENUES: Grant sources, fundraising and applicant contribution.	Total contribution (\$)	
		Confirmed? Y/N
	\$	
	\$	
	\$	
Applicant contribution (monetary)	\$	
TOTAL REVENUES	\$	
EXPENSES: Items/descriptions.	Total Contribution (\$)	
	\$	
	\$	
	\$	
	\$	
TOTAL EXPENSES	\$	
TOTAL PROJECT COST	\$	
TOTAL HST	\$	
TOTAL REQUESTED FROM MUNICIPALITY	\$	
Unused funds or funds used for purposes other than what may be approved by Municipal Council must be returned to the Municipality of the County of Inverness.		
If project is approved, final report forms must be submitted with thirty (30) days following the completion of your project. <u>Municipal project funding cannot exceed 50% of the total project cost.</u>		

Declaration	
On behalf of the above organization, I hereby certify that the information in this application and any attachment is complete and accurate.	
Print Name:	Signature:
Position:	Date: