



**Municipality of the County of Colchester**  
**Grants to Non-Profit Organizations**  
**Application Form**

Please review the attached Grants to Non-Profit Organizations Policy, Grants to Non-Profit Organizations Application Guidelines, and the Financial Statement and Budget Template. Attach all the additional information requested before submitting your application.

<p><b>Name of Non-Profit Organization:</b> _____</p> <p><b>Primary Contact Person:</b> _____</p> <p>Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____</p> <p>Mailing address: _____</p> <p>Fax number: _____ E-Mail address: _____</p> <p>Organization website: _____</p> <p><b>Secondary Contact Person:</b> _____</p> <p>Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____</p>
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1. Amount of funding requested: \$ \_\_\_\_\_

2. This organization is a(n):

Incorporated Body                      Incorporation #: \_\_\_\_\_

Registered Charity                      Registered Charity #: \_\_\_\_\_

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

3. The geographic area serviced by the organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please describe, in detail, the specific use of the funds requested. *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.

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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 Grant

8. Will your organization be making a presentation to council?

- Yes  No

(If yes, you will be contacted at the provided number with the date and time of your presentation. Presentations can be a maximum of 10 minutes.)

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

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, 2021**

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