



# Community Grants Application

## Application Form

### Applicant Information

Name of Agency/Organization/Group: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Organization Information

Registered Society in good standing (Y/N): \_\_\_\_\_ Society number: \_\_\_\_\_

### Grant Request (Attach a separate sheet if necessary)

Amount requested from the Municipality of Digby grant program \$ \_\_\_\_\_

Briefly describe the project/program/event for which the organization is requesting this grant:

Project/programs/event goals and timelines:

### Funding request

Total amount required by this specific project/program/event \$ \_\_\_\_\_

less:

Amounts contributed by the organization \$ \_\_\_\_\_

Amounts contributed by other partners \$ \_\_\_\_\_

Partner name: \_\_\_\_\_

Partner name: \_\_\_\_\_

### Financial Information – choose one and attach to application

Provide the most current financial statements or financial position for the immediately prior year:

Balance sheet or Income statement or statement of financial position or

Budgeted income statement or statement of financial activities for the grant year

\*Note: Audited or Reviewed financial statements are preferred

Project/Program/Event Revenue:	Confirmed	Potential
Federal and/or provincial grants (specify ministry and program)		
Other federal, municipal government and/or provincial funding (specify)		
Community grants		
Non-government		
Applicant organization's contributions to the project/program		
Municipality of Digby Contribution		
Total Revenue		
Project/Program/Event Expenses:	Confirmed	Potential
Expenses		
Salaries and Administration		
Program/project supplies		
Other (specify)		
Total Expenses		

Note: The budget must balance. Expenses must be equal to revenue.

## Signatures

By signing below the representatives of the organization hereby acknowledge that they have fully read and understand the conditions in the Community Grant Policy and agree to be bound by them and that the information included in this application is true and correct to the best of their knowledge.

_____	_____	_____
Signature	Name and position	Date
_____	_____	_____
Signature	Name and position	Date

**Please return application & supportive documentation by March 27, 2024 to:**

Jeff Sunderland, CAO  
Municipality of the District of Digby  
P.O. Box 429  
12548 Highway 217, Seabrook, Digby Co., NS  
Digby, NS B0V 1A0  
Fax # 245-5748  
e-mail: jsunderland@digbymun.ca

**Late requests shall only be reviewed after applications received by the deadline have been processed and if there are uncommitted funds available.**