



Community Grants Application

Application Form

Applicant Information

Name of Agency/Organization/Group: _____

Address: _____

City: _____ Postal Code: _____

Contact Person: _____ Position/Title: _____

Telephone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Organization Information

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

Briefly describe the organization's objectives: _____

Briefly describe the services the organization provides: _____

Is the organization receiving funding in the form of cash (C), in-kind (IK), tax exemptions (TE), or any other type from the Municipality of the District of Digby (Y/N): _____

Grant Request

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

Project/programs/event goals and timelines: _____

(Attach a separate sheet if necessary)

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: _____
Amount requested from the Municipality of Digby grant program \$ _____

Financial Information

Provide the most current financial statements:

- Balance sheet or statement of financial position for the immediately prior year
- Income statement or statement of financial activities for the immediately prior year
- Budgeted income statement or statement of financial activities for the grant year

(note: Required, please attach to application. Audited or Reviewed financial statements are preferred if available)

	Confirmed	Potential
Project/Program/Event Revenue:		
Federal and/or provincial grants (specify ministry and program)		
Other federal and/or provincial funding (specify)		
Community grants		
Municipality of Digby – cash (specify each component and timeline)		
Other local governments (specify municipality and each component)		
Non-government		
Earned income		
User fees		
Fundraising		
Foundations (specify)		
Private donations		
Other (specify)		
Applicant organization’s contributions to the project/program		
Cash		
In-kind (other)		
Total Revenue		

Project/Program/Event Expenses:	Confirmed	Potential
Expenses		
Salaries and benefits		
Administration		
Rent or mortgage		
Program/project supplies		
Advertising and promotion		
Other (specify)		
Total Expenses		

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

Signatures

By signing below the representatives of the organization thereby acknowledge that they have fully read and understand the policy conditions 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
_____	_____	
Telephone	email	
_____	_____	_____
Signature	Name and position	Date
_____	_____	
Telephone	email	

Please return application & supportive documentation by April 1st

Linda Fraser, CAO
Municipality of the District of Digby
P.O.Box 429
Digby, NS B0V 1A0

Fax # 245-5748 e-mail : lfraser@municipality.digby.ns.ca .

12548 Highway 217, Seabrook, Digby Co., NS

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