



Policy 21

GRANTS TO ORGANIZATIONS

POLICY PURPOSE

- 21.1 It shall be the policy of the Municipality of the District of Shelburne to have a standard process for providing grants to community non-profit organizations, charities and athletes.
- 21.2 The Municipality recognizes and supports the efforts of community organizations to provide cultural, social, heritage, economic and/or recreation programs, facilities and events to the benefit of Municipal residents. The Municipal Grants to Organizations Program will balance on-going need with a rotation of new applicants annually.

AUTHORITY

- 21.3 Authority is provided under Sections 2, 47, 48(3) and 65C, Municipal Government Act, as amended.

POLICY DETAILS

- 21.4 Categories:
- a) **Operating** – See Schedule A for Application Form
To help with an organization’s annual operating costs.
 - b) **Capital** – See Schedule A for Application Form
To help with the expansion or improvement of an indoor or outdoor cultural, social, heritage and/or recreation facility, and/or equipment.
 - c) **Community Events** – See Schedule A for Application Form
To encourage new or to expand existing events that create a positive economic impact for the Municipality. The grant is to support operating, marketing, or promotional expenses for events that will attract visitors to the area.
 - d) **Partnership Support** – See Schedule B for Application Form
Operating partnerships for essential services.
 - e) **Elite Athlete Travel** – See Schedule C for Application Form
To help elite athletes who reside in the Municipality of Shelburne with travel costs when competing at National or International events.

- f) **Youth Travel** – See Schedule C for Application Form
To help Municipality of Shelburne youth (18 years & under) with travel costs when competing in provincial, national or international competitions in community organized, non-school related, sporting or cultural events.
- g) **Sponsorship Ad/Donation of Prize(s) Request** – See Schedule D for Application Form
To help support promotional publications for non-profit organizations' projects, events or initiatives, or to supply prize(s) to enhance the project, event or initiative.

21.5 General Information:

- a. The Municipality reserves the right to deny any application believed not within its mandate.
- b. All proposed work must follow Municipal, Provincial and Federal regulations.
- c. Applicants who have previously received funding should not assume annual approval of funding applications. Applications are subject to evaluation and approval each fiscal year.
- d. The municipality will publish to the public a list of recipients of grants and the amounts given as stated in Section 65C of the Municipal Government Act.
- e. It is a priority of the Municipality to support organizations, programs, events and services that are open and accessible to all persons.
- f. Grant funds awarded must be spent in the fiscal year you are applying for.
- g. Operating and Events Grants – an organization may apply for an operating grant to provide programs and/or services (excluding salaries and wages) and is eligible to apply for up to 50% of the total project costs to a maximum of \$5,000 annually
- h. Capital Grant – an organization may apply for a capital grant to make a capital purchase or undertake a capital project and is eligible to apply for up to 70% of the total project costs to a maximum of \$2,500 annually.
- i. Elite Athlete and Youth Travel Grants – funding levels will be determined based on the level of competition, Provincial \$250, National \$500 and International \$750.
- j. Partnership Support – funding amounts will be determined by funding formula with all partners. A presentation to Council will be required.

21.6 General Criteria:

- a. Organization is incorporated under the Societies Act or similar Act and must be in good standing with the Registry of Joint Stock Companies or be affiliated with an organization that meets those requirements.
- b. Application is received by the deadline provided in the associated attached Schedule for funding consideration in the next fiscal year.
- c. Application was submitted on the attached Schedule Application Forms.
- d. Application is complete and has enclosed all requested documentation.
- e. Applicant must be in good standing with the Municipality (no outstanding reports).
- f. Applicant must show financial need.
- g. Applicant is seeking funding from the Municipality they are physically located in, if the organization is outside of the Municipality of Shelburne. If denied funding from your Municipality, details may be required.

- h. Applicant provided details of how they will recognize the Municipality's contribution.
- i. The organization shows long-term financial sustainability.
- j. Fire Departments, school organizations and religious institutions are not eligible for funding under this Policy.
- k. The organization has demonstrated the estimated percentage of users from the Municipality.
- l. Only one application can be submitted per organization per funding year.
- m. For capital funding requests, applicants must own the property/facility for which the application is submitted or alternatively have a minimum 10-year lease (if applicable).
- n. Upon completion of the project or by March 31st of the grant year, whichever comes first, a final report including a financial statement, proof of recognition for contribution and receipts must be submitted to the Municipality.

21.7 Process:

- a. Grant applications for the following categories are reviewed by the Grants Committee for eligibility and evaluation, then a preliminary list of recommended grants is developed and submitted to Council for discussion and final approval:
 - i. Operating
 - ii. Capital
 - iii. Community Events
 - iv. Partnership Support
- b. Council determines a budget for the Municipal Grants Program during municipal budget deliberations.
- c. All applicants are notified of Council's decision after the municipal budget is passed.
- d. Grant applications for the following categories are reviewed by the Grants Committee for eligibility. Recommended grant amounts are submitted to the CAO for approval:
 - i. Elite Athlete Travel
 - ii. Sponsorship Ad/Donation of Prize Request
 - iii. Youth Travel
- e. A list of approved grants will be updated and provided to Council immediately upon approval.

REPEAL

- 21.8 "Grants Policy" adopted by Council of the Municipality of the District of Shelburne on the 19th day of June 2012, is hereby repealed.

THIS IS TO CERTIFY that the Council of the Municipality of the District of Shelburne duly passed the policy respecting Rules of Order on the _____ day of _____.

SIGNED this _____ day of _____, 2016

WARDEN

CHIEF ADMINISTRATIVE OFFICER

Approved by Council: _____

Effective Date: _____

MUNICIPALITY OF SHELBURNE (MDS) - GRANTS TO ORGANIZATIONS

"SCHEDULE A" - OPERATING, CAPITAL AND COMMUNITY EVENTS

APPLICATION FORM

NAME OF APPLICANT ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

NS REGISTRY OF JOINT STOCKS NUMBER: _____

FEDERAL CHARITABLE STATUS NUMBER: _____

If you do not have either of the above numbers, provide the name and contact information of the organization that you are affiliated with: _____

1. PLEASE IDENTIFY THE COMMUNITY YOUR ORGANIZATION IS LOCATED:

2. PLEASE INDICATE THE TYPE OF GRANT AND THE AMOUNT FOR WHICH YOU ARE APPLYING FOR:

ANNUAL OPERATING \$ _____

CAPITAL \$ _____

COMMUNITY EVENT \$ _____

3. PLEASE LIST ALL GOVERNMENT SUPPORT FOR THIS PROJECT/PROGRAM/SERVICE THAT HAS BEEN APPLIED FOR:

Federal Government (Agency or Department): _____

Applied for \$ _____ Confirmed \$ _____

Pending

Provincial Government (Agency or Department): _____

Applied for \$ _____ Confirmed \$ _____ Pending

Municipal Government (Other than MDS): _____

Applied for \$ _____ Confirmed \$ _____ Pending

Municipal Government (Other than MDS): _____

Applied for \$ _____ Confirmed \$ _____ Pending

Municipal Government (Other than MDS): _____

Applied for \$ _____ Confirmed \$ _____ Pending

4. PLEASE IDENTIFY THE MUNICIPAL DISTRICT, COMMUNITY, AREA OR GROUPS THAT YOUR ORGANIZATION PRIMARILY SERVES: (check all that apply)

- All Shelburne County
- District 1** (Quinns Meadow, Clyde River, Beaverdam Lake, Port Clyde, Port Saxon, North East Harbour, North West Harbour, Ingomar, Round Bay, Atlantic)
- District 2** (Birchtown, Reids Hill, Hartz Point, Churchover, Gunning Cove, Carleton Village, Roseway, McNutts Island)
- District 3** (Sandy Point, Lower Sandy Point civic# 2012 to 2273)
- District 4** (Lower Ohio, Middle Ohio, Upper Ohio, Indian Fields, Upper Clyde River, Welshtown, Woodlawn, Lake George)
- District 5** (Lower Sandy Point civic# 2276 to 3000, Jordan Bay, Jordan Ferry, Jordan Branch, Lake John Road, Jordan Falls)
- District 6** (East Jordan, West Green Harbour, East Green Harbour, Western Head)
- District 7** (Lydgate, Osborne Harbour, Allendale, Canada Hill, Rockland, East Side of Ragged Island, Little Harbour, Louis Head, West Middle Sable, Sable River, East Sable River, Port L'Hebert, Granite Village)
- Town of Shelburne
- Town of Lockeport
- Municipality of Barrington

5. DOES YOUR ORGANIZATION MARKET SPECIFICALLY TO SPECIAL INTEREST GROUPS (youth, seniors etc.)?

- YES, PLEASE SPECIFY THE TARGET GROUP(s)

- NO

6. HAS YOUR ORGANIZATION RECEIVED DISTRICT GRANTS FUNDS IN THE PAST 2 YEARS?

- YES AMOUNT \$ _____
 NO

7. PLEASE IDENTIFY ALL GRANTS TO ORGANIZATIONS FUNDING THAT YOUR ORGANIZATION HAS RECEIVED IN THE PAST THREE YEARS.

2022-2023

- OPERATING FUNDING \$ _____
 CAPITAL FUNDING \$ _____
 ○ DETAILS

- COMMUNITY EVENT FUNDING \$ _____

2023-2024

- OPERATING FUNDING \$ _____
 CAPITAL FUNDING \$ _____
 ○ DETAILS

- COMMUNITY EVENT FUNDING \$ _____

2024-2025

- OPERATING FUNDING \$ _____
 CAPITAL FUNDING \$ _____
 ○ DETAILS

COMMUNITY EVENT FUNDING \$ _____

8. PLEASE PROVIDE ESTIMATED PERCENTAGES OF USERS FROM EACH SHELBURNE COUNTY MUNICIPALITY

Municipality of Shelburne _____ %
Town of Shelburne _____ %
Town of Lockeport _____ %
Municipality of Barrington _____ %
Not Applicable (primarily service MoDS residents) _____

9. HAS YOUR ORGANIZATION CONSIDERED MAKING YOUR SERVICE/PROGRAM/EVENT IS ACCESSIBLE AND OPEN TO ALL PERSONS? IF YES, PROVIDE DETAILS:

10. PLEASE PROVIDE BRIEF DETAILS YOUR ORGANIZATION'S SPECIFIC PROJECT/PROGRAM/SERVICE:

11. PLEASE INDICATED HOW YOU WILL RECOGNIZE THE MUNICIPALITY OF SHELBURNE FOR OUR FUNDING CONTRIBUTION: (check all that apply)

- Social media post (with MDS tag)
- Public Acknowledgement on website

16. SUBMISSION:

MAIL: MUNICIPALITY OF THE DISTRICT OF SHELBURNE

GRANTS PROGRAM

PO BOX 280

SHELBURNE, NS

B0T 1W0

EMAIL: robin.smith@municipalityofshelburne.ca

DROP OFF: 414 Woodlawn Drive, SHELBURNE, NS

ONLINE: www.municipalityofshelburne.ca/grants-to-organizations.html

APPLICATION DEADLINE:

February 15th

If you have any questions contact:

Robin Smith, Community Development Coordinator

902-875-3544 ext. 245

robin.smith@municipalityofshelburne.ca

MUNICIPALITY OF SHELBURNE (MDS) - GRANTS TO ORGANIZATIONS

"SCHEDULE B"- PARTNERSHIP SUPPORT

APPLICATION FORM

NAME OF APPLICANT ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

NS REGISTRY OF JOINT STOCKS NUMBER: _____

FEDERAL CHARITABLE STATUS NUMBER: _____

If you do not have either of the above numbers, provide the name and contact information of the organization that you are affiliated with: _____

1. PLEASE INDICATE THE AMOUNT FOR WHICH YOU ARE APPLYING FOR:

\$ _____

2. PLEASE LIST ALL GOVERNMENT SUPPORT FOR THIS PROJECT/PROGRAM/SERVICE THAT HAS BEEN APPLIED FOR:

Federal Government (Agency or Department): _____

Applied for \$ _____ Confirmed \$ _____ Pending

Provincial Government (Agency or Department): _____

Applied for \$ _____ Confirmed \$ _____ Pending

Municipal Government (Other than MDS): _____

Applied for \$ _____ Confirmed \$ _____ Pending

Municipal Government (Other than MDS): _____

Applied for \$ _____ Confirmed \$ _____ Pending

Municipal Government (Other than MDS): _____

Applied for \$ _____ Confirmed \$ _____ Pending

Municipal Government (Other than MDS): _____

Applied for \$ _____ Confirmed \$ _____ Pending

3. DOES YOUR ORGANIZATION MARKET SPECIFICALLY TO SPECIAL INTEREST GROUPS (youth, seniors etc.)?

YES, PLEASE SPECIFY THE TARGET GROUP(s)

NO

4. PLEASE IDENTIFY ALL GRANTS TO ORGANIZATIONS FUNDING THAT YOUR ORGANIZATION HAS RECEIVED IN THE PAST THREE YEARS.

2022-2023

\$ _____

2023-2024

\$ _____

2024-2025

\$ _____

5. PLEASE PROVIDE ESTIMATED PERCENTAGES OF USERS FROM EACH SHELBURNE COUNTY MUNICIPALITY:

Municipality of Shelburne _____ %

Town of Shelburne _____ %

Town of Lockeport _____ %

Municipality of Barrington _____ %

6. HAS YOUR ORGANIZATION CONSIDERED MAKING YOUR SERVICE/PROGRAM/EVENT IS ACCESSIBLE AND OPEN TO ALL PERSONS? IF YES, PROVIDE DETAILS:

7. PLEASE PROVIDE BRIEF DETAILS YOUR ORGANIZATION'S SPECIFIC PROJECT/PROGRAM/SERVICE:

8. PLEASE INDICATED HOW YOU WILL RECOGNIZE THE MUNICIPALITY OF SHELBURNE FOR OUR FUNDING CONTRIBUTION: (check all that apply)

- Social media post (with MDS tag)
- Public Acknowledgement on website
- Banner displayed at event
- Warden (or designate) to speak at event
- Other (please specify) _____

9. PLEASE ENSURE YOUR SUBMISSION INCLUDES THE FOLLOWING:

- COMPLETED APPLICATION FORM
- PROOF OF CURRENT REGISTRATION AS NON-PROFIT OR CHARITABLE ORGANIZATION
- MOST RECENT FINANCIAL STATEMENT
- YOUR ORGANIZATION'S OPERATING BUDGET FOR THE UPCOMING YEAR
- DATE FOR SCHEDULED PRESENTATION TO COUNCIL (if applicable)

10. AUTHORIZATION:

Application Prepared By: _____ /____/____
(Contact Person) Signature Print DD/MM/YY

Board/Committee: _____ /____/____
(Signing Officer) Signature Print DD/MM/YY

11. SUBMISSION:

MAIL: MUNICIPALITY OF THE DISTRICT OF SHELBURNE

GRANTS PROGRAM

PO BOX 280

SHELBURNE, NS

B0T 1W0

EMAIL: robin.smith@municipalityofshelburne.ca

DROP OFF: 414 Woodlawn Drive, SHELBURNE, NS

ONLINE: www.municipalityofshelburne.ca/grants-to-organizations.html

APPLICATION DEADLINE:

February 15th

If you have any questions contact:

Robin Smith, Community Development Coordinator

902-875-3544 ext. 245

robin.smith@municipalityofshelburne.ca

MUNICIPALITY OF SHELBURNE (MDS) - GRANTS TO ORGANIZATIONS

"SCHEDULE C" - ELITE ATHLETE & YOUTH TRAVEL

APPLICATION FORM

NAME OF APPLICANT ATHLETE/YOUTH: _____

CONTACT PERSON (Parent if under 18 years): _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

Provide the name and contact information of the organization/Coach that you are affiliated with:

ORGANIZATION: _____

COACH: _____ TELEPHONE: _____

EMAIL: _____

1. PLEASE INDICATE THE TYPE OF GRANT AND THE AMOUNT FOR WHICH YOU ARE APPLYING FOR:

ELITE ALTHETE National \$500 International \$750

YOUTH SPORT TRAVEL Provincial/Atlantic \$250 National \$500 International \$750

2. PLEASE LIST ALL ORGANIZATIONAL SUPPORT THAT YOU HAVE APPLIED FOR:

ORGANIZATION: _____

Amount \$ _____

ORGANIZATION: _____

Amount \$ _____

ORGANIZATION: _____

Amount \$ _____

3. PLEASE IDENTIFY THE MUNICIPAL DISTRICT OR MUNICIPALITY THAT THE APPLICANT LIVES:

- District 1** (Quinns Meadow, Clyde River, Beaverdam Lake, Port Clyde, Port Saxon, North East Harbour, North West Harbour, Ingomar, Round Bay, Atlantic)
- District 2** (Birchtown, Reids Hill, Hartz Point, Churchover, Gunning Cove, Carleton Village, Roseway, McNutts Island)
- District 3** (Sandy Point, Lower Sandy Point civic# 2012 to 2273)
- District 4** (Lower Ohio, Middle Ohio, Upper Ohio, Indian Fields, Upper Clyde River, Welshtown, Woodlawn, Lake George)
- District 5** (Lower Sandy Point civic# 2276 to 3000, Jordan Bay, Jordan Ferry, Jordan Branch, Lake John Road, Jordan Falls)
- District 6** (East Jordan, West Green Harbour, East Green Harbour, Western Head)
- District 7** (Lydgate, Osborne Harbour, Allendale, Canada Hill, Rockland, East Side of Ragged Island, Little Harbour, Louis Head, West Middle Sable, Sable River, East Sable River, Port L'Hebert, Granite Village)

4. WHAT SPORT ARE YOU COMPETING IN? _____

5. WHAT LEVEL ARE YOU COMPETING AT?

- PROVINCIAL
- NATIONAL
- INTERNATIONAL

6. HOW LONG HAVE YOU BEEN COMPETING? _____

7. PLEASE SUMMARIZE THE EXPECTED TRAVEL BUDGET (FOR THE ATHLETE/YOUTH ONLY):

		BUDGET	
		EXPENSES	
DETAILS		AMOUNT	
Accommodation		\$	
Milage \$0.50/km	KM	\$	
Food \$50/day	Days	\$	
Airfare		\$	
Other (specify)		\$	
		\$	
		\$	
		\$	
		\$	

Total		\$
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8. PLEASE ENSURE YOUR SUBMISSION INCLUDES THE FOLLOWING:

- COMPLETED APPLICATION FORM
- LETTER FROM COACH OR ORGANIZATION PROVIDING REFERENCE FOR THE FINANCIAL NEED OF THE ATHLETE/YOUTH (Youth Travel Category only)
- PROOF ON COMPETITION REGISTRATION

9. AUTHORIZATION:

Application Prepared By: _____ /____/____
 (Legal Guardian if under 18yrs) Signature Print DD/MM/YY

COACH/ORGANIZATION: _____ /____/____
 Signature Print DD/MM/YY

10. SUBMISSION:

MAIL: MUNICIPALITY OF THE DISTRICT OF SHELBURNE

GRANTS PROGRAM

PO BOX 280

SHELBURNE, NS

B0T 1W0

EMAIL: robin.smith@municipalityofshelburne.ca

DROP OFF: 414 Woodlawn Drive, SHELBURNE, NS

ONLINE: www.municipalityofshelburne.ca/grants-to-organizations.html

APPLICATION DEADLINE:

No deadline. Limited funds, first come, first serve.

If you have any questions contact:

Robin Smith, Community Development Coordinator

902-875-3544 ext. 245

robin.smith@municipalityofshelburne.ca

MUNICIPALITY OF SHELBURNE (MDS) - GRANTS TO ORGANIZATIONS

“SCHEDULE D”

SPONSORSHIP AD & DONATION REQUEST

APPLICATION FORM

NAME OF APPLICANT ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

1. PLEASE PROVIDE A BRIEF DESCRIPTION THE SPONSORSHIP AD/PRIZE DONATION THAT YOU ARE SEEKING:

FOR INTERNAL USE		
Items	Quantity	Value

2. AUTHORIZATION:

Application Prepared By: _____ / ____ / ____

Signature

Print

DD/MM/YY

3. SUBMISSION:

MAIL: MUNICIPALITY OF THE DISTRICT OF SHELBURNE

GRANTS PROGRAM

PO BOX 280

SHELBURNE, NS

B0T 1W0

EMAIL: robin.smith@municipalityofshelburne.ca

DROP OFF: 414 Woodlawn Drive, SHELBURNE, NS

ONLINE: www.municipalityofshelburne.ca/grants-to-organizations.html

APPLICATION DEADLINE:

No deadline. Limited funds/donation items available, first come, first serve.

If you have any questions contact:

Robin Smith, Community Development Coordinator

902-875-3544 ext. 245

robin.smith@municipalityofshelburne.ca