

**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)

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- 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.**

**2023-2024**

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

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- COMMUNITY EVENT FUNDING \$ \_\_\_\_\_

**2024-2025**

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

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- COMMUNITY EVENT FUNDING \$ \_\_\_\_\_

**2025-2026**

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

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**16. SUBMISSION:**

**MAIL:** MUNICIPALITY OF THE DISTRICT OF SHELBURNE

GRANTS PROGRAM

PO BOX 280

SHELBURNE, NS

B0T 1W0

**EMAIL:** [robin.smith@municipalityofshelburne.ca](mailto:robin.smith@municipalityofshelburne.ca)

**DROP OFF:** 414 Woodlawn Drive, SHELBURNE, NS

**ONLINE:** [www.municipalityofshelburne.ca/grants-to-organizations.html](http://www.municipalityofshelburne.ca/grants-to-organizations.html)

**APPLICATION DEADLINE:**

2<sup>nd</sup> Friday in February

If you have any questions contact:

Robin Smith, Community Development Coordinator

902-875-3544 ext. 245

[robin.smith@municipalityofshelburne.ca](mailto:robin.smith@municipalityofshelburne.ca)