

**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:**

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

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**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)
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**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](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:**

February 15<sup>th</sup>

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)