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 <u>PRIMARILY</u> 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 IDENIFY ALL GRANTS TO ORGANIZATIONS FUNDING THAT YOUR ORGANIZATION HAS RECEIVED IN THE PAST THREE YEARS.

2024-2025

- ☐ OPERATING FUNDING $ _____
- ☐ CAPITAL FUNDING $ _____
  - DETAILS

    _____
    _____
    _____
- ☐ COMMUNITY EVENT FUNDING $ _____

2025-2026

- ☐ OPERATING FUNDING $ _____
- ☐ CAPITAL FUNDING $ _____
  - DETAILS

    _____
    _____
    _____
- ☐ COMMUNITY EVENT FUNDING $ _____

2026-2027

- ☐ 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 MUNICPALITY 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) _____

12. PLEASE SUMMARIZE THE PROJECT/PROGRAM/SERVICE BUDGET:

BUDGET			
REVENUE		**EXPENSES**	
DETAILS	**AMOUNT**	**DETAILS**	**AMOUNT**
Org. Contribution	$		$
In-Kind	$		$
Other Grants			$
Federal	$		$
Provincial	$		$
Other Municipal	$		$
Local	$		
Loan	$		$
MDS Grant Request	$		$
Total	$	**Total**	$

13. PLEASE LIST YOUR BOARD OF DIRECTORS OR ORGANIZING COMMITTEE MEMBERS:

NAME	POSITION	ADDRESS	TELEPHONE

14. 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 BUDGET FOR THE UPCOMING YEAR OR PROJECT
- ☐ FINAL REPORT (IF RECEIVED FUNDING IN THE LAST FISCAL YEAR)

15. AUTHORIZATION:

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

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

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:

2nd Friday in February

If you have any questions, contact:

Robin Smith, Community Development Coordinator

902-875-3544 ext. 245

robin.smith@municipalityofshelburne.ca