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.

2024-2025

$ _____

2025-2026

$ _____

2026-2027

$ _____

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 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) _____

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:

2nd Friday of February

If you have any questions, contact:

Robin Smith, Community Development Coordinator

902-875-3544 ext. 245

robin.smith@municipalityofshelburne.ca