

# APPLICATION FORM

SECTION 1 – APPLICANT INFORMATION				
<b>Name of Applying Organization:</b>				
<b>Address of Organization</b>				
Street Number	Street Address	Suite (if applicable)		
PO Box (if applicable)	County Annapolis County	Province Nova Scotia	Postal Code	
<b>Contact Information of Chairperson</b>		<b>Contact Information of Project Lead</b>		
Name of Chairperson		Name of Project Lead		
Telephone (Primary)		Telephone (Primary)		
Telephone (Alt)		Telephone (Alt)		
Fax		Fax		
E-Mail		E-Mail		
<b>Identification Number of Applying Organization (if applicable)</b>				
Is your organization registered under the following? a. Nova Scotia Registry of Joint Stocks, as a not-for-profit Society, OR b. Government of Canada, as a Charity or not-for-profit Federal Corporation  If yes, please provide your organization's identification number:  _____			<b>CHECK ONE</b>	
			<b>YES</b>	<b>NO</b>
Amount Requested (see grant guidelines)			Total Estimated Project Costs	

**SECTION 2 – ORGANIZATION AND FACILITY DETAILS**

Please respond in the blank spaces provided, where applicable. If more space is needed, please add an attachment.

**PROPERTY OWNERSHIP OR LEASE**

Your organization must:  
 Own the property where the work will take place.

OR  
 Maintain a long-term lease of at least 5 years with the owner of the property where the work will take place. Please attach a copy of the lease. If a lease is unavailable, please attach a recent letter from the property owner, confirming the term of lease and approval of the proposed project work.

Ownership may be verified at any time during the review process. If the property is leased, the owner may be contacted.

**FACILITY PROFILE**

Please answer the following questions about your organization:	CHECK ONE	
	YES	NO
Has your facility been designated as a Comfort Centre by the Municipality of the County of Annapolis ? <i>(If yes, please attach documentation or confirmation from the municipality)</i>		
Will you be able to provide food / drink to community members during emergency / disasters?		
Will you be able to provide charging stations / outlets for personal devices?		
Will you be able to provide heat and washrooms for public use?		
Does the facility meets barrier-free standards for accessibility as stated in the Nova Scotia Building Code Regulations? (Check One)		

What type of building is your facility? (Check One)

- |             |                |                   |                 |
|-------------|----------------|-------------------|-----------------|
| Church Hall | Community Hall | Fire Hall         | Cultural Centre |
| Food Bank   | Library        | Museum / Archives |                 |

Other

How many people can you serve during an emergency or disaster at one time?

How many volunteers are available to help during an emergency or disaster at one time?

How long do you expect to be able to operate in the event power is not restored for an extended period?

**SECTION 3 – PROJECT DETAILS**

Please answer the following questions about your project:	CHECK ONE	
	YES	NO
Are you purchasing a new generator(s)?		
Are you servicing or refurbishing an existing generator(s)?		
Are panel upgrades / modifications included?		
Are the installation and site preparation costs included?		
Are propane tanks / fuel source being installed?		
Is the installation being performed by qualified technicians?		
Do you have formal quotes for the equipment and labour portions? Attach all quotations, product information sheets, or catalogue information. If no, or the information is incomplete, please explain why below or attach additional information:		
Project Start Date	Project End Date	

**SECTION 4 – PROJECT BUDGET**

**4A: ESTIMATED COSTS**

Complete the table below with details of the estimated project costs. You may submit additional information if necessary

Item	Who will be involved?	When?	Cost (\$)
<i>Example 1: Supply and Installation of backup generator and transfer switch. Labour and Materials are included. Estimate is attached.</i>	<i>ABC Electrician</i>	<i>Nov 17- Nov20</i>	<i>\$5,000</i>
<i>Example 2: Paint walls – 2 volunteers will prep site paint after installation is completed. Donated/in-kind cost includes 2 volunteers x 3hrs/day x 5days x \$20/hr = \$600</i>	<i>Volunteers</i>	<i>Dec 1 – Dec 7, 2022</i>	<i>\$600</i>

**TOTAL ESTIMATED PROJECT COSTS**

#### 4B: PROJECT REVENUES AND CONTRIBUTIONS

Complete the table below with details of the project revenues and contributions. Ensure that you have also addressed the following points:

- The value of donated/in-kind contributions of labour and materials can be included below, if they are essential to the project.
- Total Project Revenues and Contributions must be equal to the Total Estimated Project Costs.
- If revenues/contributions are confirmed, please attach documents/letters of confirmation.

What are the sources of revenue/contribution for this project?	Cash (\$)	Donated / In-Kind (\$)	Confirmed? (Yes or No)	Total (\$)
<b>Your Organization's Contribution:</b> <i>Refer to points mentioned above</i>				
<b>Amount Requested from this Program:</b> <i>Refer to section 1, page 1</i>		N/A	No	
<b>Other Funding Sources (Federal /Municipal Grants, Donations etc.)</b>				
		N/A		
		N/A		
		N/A		
<b>TOTAL PROJECT REVENUES AND CONTRIBUTIONS</b>				

#### SECTION 5 – DECLARATION

##### Declaration

In signing this application I certify that the information supplied in this application is, to the best of my knowledge, exact and complete, and that the project has received the approval from the organization that I represent.

In signing this application my organization agrees, that if successful in our funding application, our organization will complete the work proposed within the current or following fiscal year and will enter into Comfort Centre/Emergency Shelter agreement with AnnapolisREMO to provide comfort centre/emergency shelter to residents in times of emergency and extended power outages as outlined in the agreement.

Name	Title
Signature	Date

#### SECTION 7 – CONTACT US

**Please send your completed application and accompanying documents to us by email, mail, fax or drop off at address below:**

**E-mail:**  
borde@annapoliscounty.ca

**Phone:**  
(902) 532-0258

**Fax:**  
(902) 532-2096

**Mail:**  
County of Annapolis - Community Comfort Centre /  
Emergency Shelter Generator Grant Program  
Attn: Regional Emergency Management Coordinator  
PO Box 100  
752 St. George Street,  
Annapolis Royal, NS B0S 1A0