

Municipality of the County of Annapolis Grant Application Form

Na	me of organization:			
Contact Person (name):		Posit	Position in the organization:	
Ma	ailing address:			
Po	stal Code:	Telephone number:	CELL:	
E -:	mail:	FAX:		
1.	Organization Executive Treasurer & Secretary)	Drganization Executive : Attach a list of the Executive of your organization, (i.e. President, Vice President, Treasurer & Secretary)		
2.	Constitution or Bylabylaws	Constitution or Bylaws: Please ensure that the County has an up-to-date copy of your constitution or ylaws		
3.	Please provide if ap Status Number:		umber: or Federal Charitable	
4.	explanation of the pro		Attach an eing requested, including the goals, objectives	
5.		on - Please provide the following: ed from the County \$		
	-	d" volunteer contributions if appropriate	all projected sources of revenue for the projected and all projected expenses to initiate the	
	Balance Sheet. If		ganization including Statement of Income and of application, please indicate below the date	



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COUNTY ANNAPOLIS Expenses (for Project or Program)

Antonible soulds				
Item		Cost		
Total				
Revenues				
Source		Amount		
Total				
Note : The expense total should equal th	e revenue total (balanced budge	t).		
I certify that the information supplied and that the project has received the a	in this application is, to the be pproval of the organization I re	est of my knowledge, exact and epresent.		
Date:	Signature:			
Completed applications can be either				

Emailed to the below address, or dropped off or mailed to: Community Grants Program, County of Annapolis 752 St. George St. PO Box 100, Annapolis Royal, NS B0S-1A0