

Municipality of the County of Annapolis Grant Application Form

Name of organization:					
Contact Person (name):		ct Person (name):	Position in the organization:		
M	ailir	ng address:			
Po	stal	Code: Telephone number:	CELL:		
E-mail:		1:	FAX:		
1.		ganization Executive : Attach a list of the Executive & Secretary)	xecutive of your organization, (i.e. President, Vice President,		
2.		Institution or Bylaws : Please ensure that the laws	County has an up-to-date copy of your constitution or		
3.		ease provide if applicable a NS Registry of J atus Number:	<i>Joint Stock Number</i> : or <i>Federal Charitable</i>		
4.	ex	Project: Title of project / program: planation of the project or program for which d benefits to the community and/or county.	funding is being requested, including the goals, objectives		
5.		nancial information - Please provide the foll Amount Requested from the County \$	0		
	b.	1 0	nich includes: all projected sources of revenue for the project if appropriate and all projected expenses to initiate the		

c. A copy of the most recent financial statements for the organization including Statement of Income <u>and</u> Balance Sheet. If statements are not available at the time of application, please indicate below the date by which a copy will be provided:______



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Expenses (for Project or Program)

Item	Cost
Total	

Revenues

Source	Amount
Total	

Note: The expense total should equal the revenue total (balanced budget).

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 of the organization I represent.

Date: ______ Signature: _____

Completed applications can be either:

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