



**Town of Shelburne  
162 Mowatt Street  
PO Box 670  
Shelburne, NS, B0T 1W0**

**Application – Town of Shelburne Grants Program**

<b>Name of Applicant Organization:</b>	
<b>Contact Person:</b>	<b>Telephone:</b>
<b>Mailing Address:</b>	<b>Civic Address:</b>
<b>Email Address:</b>	<b>Website:</b>
<b>NS Registry of Joint Stock Number:</b>	<b>Federal Charitable Status Number:</b>

**Please ensure your application includes the following information:**

- Proof of current registration as a non-profit or charitable organization (copy of current Joint Stock Companies renewal of registration under the *NS Societies Act* from the Registrar of Joint Stock Companies or Charitable Registration Number from Canada Revenue Agency). If your organization is in the process of applying for registration, please include a copy of your application form.
- Completed Application
- Reporting has been completed and submitted from any previous grants received from the Town of Shelburne.
- Any additional background information about the project or organization that you wish to include
- An accurate (up to date) list of members of the Board of Directors with names, addresses and telephone numbers (Section 10).

The policy governing the *Town of Shelburne Grants Program* is available on our web site [www.shelburnens.ca](http://www.shelburnens.ca) or may be obtained by calling (902) 875-2991 Ext. 4

**1. Please check the grant category and sub-category that applies to your application:**

Category (Check One)	Sub-Category (Check One)
<input type="checkbox"/> Support Grants – Community-Based Organizations	<input type="checkbox"/> Town or Region-Wide Program/Service <input type="checkbox"/> Community or Local Area Program/Service
<input type="checkbox"/> Community Recreation and Parks Grants	<input type="checkbox"/> Community-Based Recreation Programming <input type="checkbox"/> Property Development/Community Facilities <input type="checkbox"/> Volunteer Leadership Development <input type="checkbox"/> Community-Based Arts
<input type="checkbox"/> Community Heritage & Cultural Initiative Grants	<input type="checkbox"/> Heritage Conservation <input type="checkbox"/> Heritage Public Education <input type="checkbox"/> Heritage Assistance for Museums
<input type="checkbox"/> Community Festival and Event Grants	<input type="checkbox"/> Festivals and Events hosted by local community Organizations
<input type="checkbox"/> Community Capital Grants Program	<input type="checkbox"/> Conservation of Existing Community Facilities <input type="checkbox"/> New Community Facilities (Indoor & Outdoor)

**2. Please check the type of grant you are applying for and indicate the amount:**

Type of Grant (Check One)	Amount of Grant Requested
<input type="checkbox"/> One-Time Development Grant	\$
<input type="checkbox"/> One-Time Operating Grant	\$

In Kind Grants	Equipment:  Staff Time:  Services:  Other:
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**3. Have you applied for other funding for this project/program/service? Please list:**

Funding Body	Requested	Confirmed
Federal Government (List Depts./Agencies)	\$	\$
	\$	\$
	\$	\$
	\$	\$
Provincial Government (List Depts./Agencies)	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other Municipalities/Local Government Bodies	\$	\$
	\$	\$
	\$	\$
	\$	\$

**4. Please describe your organization's specific project, program or service:**

**5. Please describe the community, area and/or group(s) your organization serves:**

**6. What benefits will your project, program or service provide to the community/town?**

**7. What role(s) do/will volunteers play in this project/program/service or the operations of your organization? How many volunteers participate?**

**8. Does your organization receive other forms of assistance from the town?**

**9. List the in kind contributions that your organization will provide to this project/program/service.**

**NOTE:** For applications of \$250 or less it is not necessary to complete Section 10

**10. Please summarize the major elements of the budget of your project or organization's operating budget (or attach a copy of the budget of your organization or project)**

BUDGET			
REVENUE		EXPENDITURE	
Revenue Source Details	\$ Amount	Expenditure Details	\$ Amount
Organization \$ Contribution			
Fundraising			
Donations			
In Kind (if applicable)			
Other Municipalities (if applicable)			
Borrow (if applicable)			
Grant Request			
Other			
Other			
Other			
Total Estimated Revenue		Total Estimated Expenditures	

**11. Please list the members of your Board of Directors:**

Name:	Position:	Address:	Telephone:

**12. Authorization**

<b>This application must be signed by an authorized signing officer of the Board of Directors:</b>			
Application Prepared By: (Contact)	_____	_____	_____
	Signature	Print Name	Date
Board Authorization:	_____	_____	_____
	Signature	Print Name	Date

**Remember the Deadline for Applications is January 31<sup>st</sup> or the last working day of the month of January to be considered for funding in the upcoming fiscal year.**

**Please mail, deliver, or email your application form and any supporting documents to:**

Town of Shelburne  
162 Mowatt Street  
PO Box 670  
Shelburne, NS  
B0T 1W0  
jessie.dyer@shelburnens.ca

Upon receipt all applications are date-stamped. Late applications will not be reviewed. Due to the number of grant applications normally received each year, not all requests can be approved. We encourage organizations to reapply the following year.

If you are concerned about your application being received on time through the mail, you may fax a copy of this **FORM ONLY** to (902) 875-3932. All applications that are faxed must be supported by the original document through the mail or by hand delivery.

**Although the Town of Shelburne is unable to fund all applications received, we appreciate the interest of community groups in our grant program and recognize the valuable contribution made by volunteers to enhance or invest the quality of life in the Town of Shelburne and surrounding communities.**