COUNTY GENERAL GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS

APPLICATION FORM

Grants will only be given to those organizations where there is a clearly demonstrated financial need.

Please note: If your organization received funds from the Municipality in the previous fiscal year, a new application will only be considered if you have completed the mandatory Final Project Report Form which can be found here: https://cumberlandcounty.ns.ca/grants-to-organizations.html

GENERAL INFORMATION

All applicants must be Not-For-Profit Organizations.

What is your organization's full name?

Contact Person:	**Position:**
Full Mailing Address:	**Phone:** **Alternate Phone:** **E-mail Address:**

Brief description of the organization's activities and mandate: *(Attach printed materials if available)*

Description of proposed project: *(Attach separate sheet if necessary)*

Please contact Peter McCracken at grants@cumberlandcounty.ns.ca or 902-397-3431 if you have any questions.

FINANCIAL

Please note that the deadline for all applications for 2024-2025 is April 15th.

Please indicate which category of grant this application applies to:	Max % of eligibility:
☐ Capital Construction, Renovations & Major Repairs	50% of total cost
☐ Operation and Maintenance	20% of total annual operating costs of facility (up to $3,000)
☐ Programs	30% of total budget for program (up to $5,000)
☐ Special Events and Initiatives	30% of total cost of event/initiative (up to $5,000)

The Municipality has specific guidelines for each grant category listed. For full details such as eligibility, criteria and deadlines, please refer to: https://www.cumberlandcounty.ns.ca/grants-to-organizations.html

What is the total cost of your project?

$_____ (Specify a dollar amount)

Amount of assistance requested from the Municipality:

$_____ (Specify a dollar amount)

Total contribution made by your organization:

Cash: $_____

In kind (labour) $15/hour X _____ # of hours = $_____
In kind (professional services) $25/hour X _____ # of hours = $ _____
In kind (other*) $ ____ / hour X _____ # of hours = $ _____

Total Contribution (cash plus in kind) $ _____ **Use this amount in your project budget (pg. 6)*

*If using "other" in kind, please provide a justification of the hourly rate used.

Please describe how your organization raises money:

Please contact Peter McCracken at grants@cumberlandcounty.ns.ca or 902-397-3431 if you have any questions.

Has the Municipality provided financial assistance for this project in the past? ☐ **Yes** ☐ **No**

If yes, list when and the amount.

If your organization received funds from the Municipality in the previous fiscal year, have you completed the mandatory Final Project Report Form which can be found here:
https://cumberlandcounty.ns.ca/grants-to-organizations.html
Yes ☐ **No** ☐

Please list all other grants that your organization has applied to for this project other than the Municipality of Cumberland.

How will you fund this project if you do not receive a grant from the Municipality?

municipality of cumberland

DETAILED PROJECT BUDGET

(A separate document may be used instead of this section as long as all revenues and expenditures are included)

REVENUE:	
Fees or charges	
Membership	
Fundraising	
Grants requested from other sources	
Sponsorships	
Monetary contributions/donations	
"In kind" contributions (Enter amount from Page 2)	
Other (specify)	
TOTAL REVENUES:	

EXPENDITURES:	
Equipment & materials	
Transportation	
Facility rental	
Utilities	
"In Kind" (Enter amount from Page 2)	
Other (specify)	
Other (specify)	
Other (specify)	
TOTAL EXPENDITURES:	

Total Expenditures $_____ **- Total Revenues** $_____ **= Total Grant Requested** $ _____

Please contact Peter McCracken at grants@cumberlandcounty.ns.ca or 902-397-3431 if you have any questions.

CHECKLIST:

The following checklist is to be used by the applicant and submitted with the application.
If a listed item is not applicable to your application, it must be indicated as such.

Please attach the following:

- ☐ Most recent annual financial report for the organization
- ☐ Copy of Deed or Lease if a capital application
- ☐ Copies of quotes for any goods or services to be purchased as part of this project
- ☐ Letters of support for this project (optional)

Signature: _____ **Date:** _____

For Office Use Only:

Date application was received: _____

Was the application received on time?	Yes ☐	No ☐
Was the application complete?	Yes ☐	No ☐
Has the applicant demonstrated financial need?	Yes ☐	No ☐
Has the applicant accounted for previous grants from the County?	Yes ☐	No ☐

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