



The Halifax Foundation

P.O. Box 2635,
Halifax, NS B3J 3P7

Grant Application

Name of Applicant
Organization: _____

Mailing address: _____

(Postal code) _____

Telephone: _____ Fax: _____ email: _____

Contact person for proposal:

Name: _____ Tel. _____ Fax _____

Title: _____ Email _____

Your Revenue Canada Charitable Registration number :

Amount of Grant requested: \$ _____.

If proposal approved, when will your project start?

Day _____ Month _____ Year _____

When will it be completed?

Day _____ Month _____ Year _____

Please describe, in pages you will attach, how your project would respond to the objectives of The Halifax Foundation set out in its Criteria for Grants herein. Include such information as budget details, projected and up-to-date sources of project funding, sources and successes of other fund-raising efforts, recent operating results, Board membership, sample publications and such other relevant information as may assist the Foundation in reviewing your proposal.

Please attach a copy of your most recent audited financial statement.

Applications and supporting documents will not be reviewed unless they are complete.

Signature: _____ Date: _____

Applications should be addressed to:

Grants Review Committee,
The Halifax Foundation,
P.O. Box 2635,
Halifax, Nova Scotia
B3J 3P7