

HALIFAX Community Museum **Grants Program**

Application Form: Project Grant

Application Deadlines: September 10, 2018, January 31, 2019 and January 31, 2020

Name and Address of Applicant Organization(s):				
Registration Number(s):				
 □ non-profit society under the Societies Act (1989) □ non-profit association incorporated under the Co-Operative Associations Act (1989) □ not-for-profit corporation under the Canada Not-for-profit Corporations Act (2009) □ charity incorporated under the Income Tax Act (Canada). If incorporated under an Act of the Nova Scotia Legislature provide the name of the Act (including year or section as applicable): 				
Applicant Contact: Name, mailing address, telephone number and email address.				
Location of Project:				
Amount of Grant Requested:	Duration of Project:			
\$				
Description of Project: Attach additional information if required (up to a maximum of 4 pages).				

Project Budget

The following is a project budget — not your organization's total budget. Indicate unconfirmed funding/revenue with an asterisk *

Projected Project Funding		Projected Project Costs	
Funding Source	\$ Amount	Type of Project Expense	\$ Amount
Municipal Grant Requested	\$		\$
Other Municipal Assistance	\$		\$
Provincial Funding	\$		\$
Federal Funding	\$		\$
Funds from your Organization	\$		\$
Funds from Non-Profit Project Partner(s)/Collaborator	\$		\$
Charitable Foundation	\$		\$
Project Income	\$		\$
Rebate (as applicable)	\$		\$
Other	\$		\$
Other	\$		\$
Other	\$		\$
Total Estimated Funding	\$	Total Estimated Cost	\$

Project Surplus/Deficit (difference between funding and cost): \$

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Authorization:		
relation to and affixed to this application to	ritten and verbal, made on behalf of the orgo o the Halifax Regional Municipality, are true a cts may lead to the disqualification of this app is grant application	and accurate and it is understood
Name (please print)	Signature	Date
Name (please print)	Signature	Date
be used and disclosed by municipal staff for If the application is to be disclosed to an experience of the staff of the st	nent Act, any personal information collected in or internal purposes relating to the Communit or internal party the personal information (addre duse of information may be directed to the A	ty Museums Grant Program. ss, telephone or email) will

Date Received:	Staff Initial:
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