

## HALIFAX Community Museum **Grants Program**

Reporting Form: Project Grant

Final Report Deadline: March 31, 2020

Name of Organization		
Location of Project:		
Amount of Grant Awarded:	Duration of Project:	
\$		
Description of Project: Attach additional information if required.		

## **Project Budget**

The following is a project budget — not your organization's total budget.

Project Funding		Project Costs	
Funding Source	\$ Amount	Type of Project Expense	\$ Amount
Municipal Grant	\$		\$
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 Funding	\$	Total Project Cost	\$

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

Authorization:				
I hereby certify that all statements, both written and verbal, made on behalf of the organization's Board of Directors in relation to and affixed to this application to the Halifax Regional Municipality, are true and accurate and it is understood that any misrepresentation of material facts may lead to the disqualification of this application or repayment of all or a portion of any funds issued pursuant to this grant application				
Name (please print)	Signature	Date		
Name (please print)	Signature	Date		

In accordance with the *Municipal GovernmentAct*, any personal information collected in this application will only be used and disclosed by municipal staff for internal purposes relating to the Community Museums Grant Program. If the application is to be disclosed to an external party the personal information (address, telephone or email) will be redacted. Inquiries re: the collection and use of information may be directed to the Access & Privacy Office at accessandprivacy@halifax.ca.