



# Community Museum Grants Program

## Application Form: Project Grant

Application Deadline: January 31, 2023

Name and Address of Applicant Organization(s):	
Registration Number(s):	
<input type="checkbox"/> non-profit society under the <i>Societies Act</i> (1989) <input type="checkbox"/> non-profit association incorporated under the <i>Co-Operative Associations Act</i> (1989) <input type="checkbox"/> not-for-profit corporation under the <i>Canada Not-for-profit Corporations Act</i> (2009) <input type="checkbox"/> charity incorporated under the <i>Income Tax Act</i> (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.	
Type of Project (Capital, Project, Special) and location:	
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): \$			

  

Authorization:		
<p><i>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..</i></p>		
_____	_____	_____
Name (please print)	Signature	Date
_____	_____	_____
Name (please print)	Signature	Date
<p>In accordance with the <i>Municipal Government Act</i>, 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 &amp; Privacy Office at <a href="mailto:accessandprivacy@halifax.ca">accessandprivacy@halifax.ca</a>.</p>		
Date Received:		Staff Initial:

Delivery of Applications:

**Applications can be mailed to:**

Grants and Contributions  
HRM Finance & Asset Management  
PO Box 1749, Halifax, Nova Scotia B3J 3A5

**Applications delivered by courier should be directed to:**

Grants and Contributions  
HRM Customer Service Centre - 1st Floor  
40 Alderney Drive, Dartmouth, Nova Scotia

**Applications can be dropped off at any HRM Customer Service Centre.**

For the address of a centre near you see: <https://www.halifax.ca/home/311#ContactCentres>

**Applications can be e-mailed to** [nonprofitgrants@halifax.ca](mailto:nonprofitgrants@halifax.ca)