

HALIFAX Community Museum **Grants Program**

Application Form: ProjectGrant

Application Deadline: January 31, 2024

Name and Address of Applicant Organization(s):		
Registration Number(s):		
non-profit society under the <i>Societies Act</i> (1989)		
	Co-Operative Associations Act (1989)	
□ not-for-profit corporation under the <i>Canada</i> N	lot-for-profit Corporations Act (2009)	
□ charity incorporated under the <i>Income Tax Act</i> (C	Canada).	
Ifincorporated 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) an	d 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 ProjectFunding		Projected Project Costs	
Funding Source	\$ Amount	Type of Project Expense	\$ Amount
Municipal GrantRequested	\$		\$
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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relation to and affixed to this application to	ritten and verbal, made on behalf of the organ the Halifax Regional Municipality, are true a ts may lead to the disqualification of this app is grant application	nd accurate and it is understood
Name (please print)	Signature	Date
Name (picase print)	Signature	Dute

In accordance with the *Municipal Government Act*, 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.

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