

Application for Community Interest Property Purchase

Please complete this form using the instructions outlined in the Call for Submissions document to allow your proposal to be evaluated.

1. Property Identification Number/Civic Address of Property:	2. Date of Application: _____ (mm/dd/year)								
3. Name of Non-Profit Organization Applicant: Check one or more of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Registry of Joint Stocks (Society, Co-operative, Non-profit Business) <input type="checkbox"/> Federal Government No. (Charity, Non-profit Business) <input type="checkbox"/> Act of the Nova Scotia Legislature (please include reference to which Act) 									
4. Purchase Offer: \$ (Include purchase price, applicable taxes, and any Halifax Regional Municipality closing costs being reimbursed)									
5. Chair of Board of Directors: Name, Telephone & Email Address:									
6. Summary of intended use and proposed activities for the property, and how it will benefit the Municipality:									
7. Application Contact(s): <table border="0" style="width: 100%;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">(Name)</td> <td style="width: 25%; border-bottom: 1px solid black;">(Phone:)</td> <td style="width: 25%; border-bottom: 1px solid black;">(Name)</td> <td style="width: 25%; border-bottom: 1px solid black;">(Phone:)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(Title)</td> <td style="border-bottom: 1px solid black;">(Email)</td> <td style="border-bottom: 1px solid black;">(Title)</td> <td style="border-bottom: 1px solid black;">(Email)</td> </tr> </table>		(Name)	(Phone:)	(Name)	(Phone:)	(Title)	(Email)	(Title)	(Email)
(Name)	(Phone:)	(Name)	(Phone:)						
(Title)	(Email)	(Title)	(Email)						

8. Attach a 5-Year Business Plan, with content including:	
<input type="checkbox"/>	Non-profit organization name and non-profit registration number;
<input type="checkbox"/>	Articles of incorporation for the non-profit, if applicable;
<input type="checkbox"/>	The management structure of the organization including Board of Directors;
<input type="checkbox"/>	Description of scale and type of service and the organization's purpose;
<input type="checkbox"/>	Past experience and successes;
<input type="checkbox"/>	Description of Municipal benefit of the proposed activities for the surplus property;
<input type="checkbox"/>	A clear statement of the terms the organization is offering for the purchase or lease of the property: <ul style="list-style-type: none"> • Proposed purchase price; • Amount of deposit, if any; • Closing date requested; • Any and all conditions required for fulfillment prior to closing; • Proposed terms for a Buy Back Agreement;
<input type="checkbox"/>	Projected Financial Plan (for the future five years' activities described in the Business Plan): <ul style="list-style-type: none"> • Assets & Liabilities/Debt; • Revenues & Expenditures; • Capital Expenditures Plan, with notes for context;
<input type="checkbox"/>	Financial Statements (include as many previous years as are available up to three): <ul style="list-style-type: none"> • Statement of Financial Position/Balance Sheet; • Statement of Operations/Income Statement; • Statement of Cash Flow, if available; • Supporting Notes to the Financial Statements, if available.

The Applicant certifies that all statements, both written and verbal, made in the course of the submission to Halifax Regional Municipality for the subject Surplus Property in question, are accurate.

False or Misleading Information: The applicant understands that any misstatements of material facts may result in applications being rejected or dismissed. If persons provide false or misleading information, such that the Municipality was induced to grant a less than market value sale of property, then the Municipality may buy back the property as per the terms of the Buy Back Agreement, if one exists.

Conflict of Interest: The Applicant is to declare any known conflict of interest, including, any HRM staff, evaluators, or Councillors.

Exclusions: The Applicant confirms that its organization is entirely non-profit and does not include private and for-profit interests.

Signature: _____ Date: _____

(Chair of Board of Directors, NP Org XXXX)

(mm/dd/year)