

Ineligible Application

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| Name of Organization: | |
| Funding Sector: | Year: |
| Capital Grant: \$ | Project Grant: \$ |
| Eligibility assessment: <input type="checkbox"/> Application is late (March 31st deadline). <input type="checkbox"/> Not a registered non-profit society, Canadian charity or non-profit cooperative; status revoked. <input type="checkbox"/> Not registered 12 months prior to application deadline (March 31st). <input type="checkbox"/> Located outside the geographic boundary of HRM. Debt to HRM/Delinquent reporting. <input type="checkbox"/> Project is ineligible for funding consideration. <input type="checkbox"/> One-time application (multi-year requests are ineligible). <input type="checkbox"/> More than one application (applicant must select). <input type="checkbox"/> Application is incomplete (quotes, signed, financial etc.). <input type="checkbox"/> Applicant withdrew. | |
| Provide details of reason for ineligibility: | |
| Contact record: If applicable, note the date of contact (call, fax, email), name of contact, and info requested. | |
| Referral: If applicable, note municipal grant program or alternate funding source. | |
| Reviewer's name and telephone or email: sign and date form. | |