ΗΛLIFΛΧ				
Crosswalk Safety Awareness Initiatives - Submission form				
We're looking for some bright ideas.				
Submission Dates: November 19, 2018 - January 3, 2019				
Primary Applicant: (full name)	Primary Applicant's Contact: (phone & email)			
Name and Address of Qualifying Association(s)				
Registration Numbers:				
Qualifying Associations must reside in the Halif	ay Regional Municipality and he a charitable			
Qualifying Associations must reside in the Halifax Regional Municipality and be a charitable, nursing, medical, athletic, educational, environmental, cultural, community, fraternal,				
recreational, religious, sporting or social organization that is registered as one of the following:				
(please indicate)				
□ a registered non-profit organization or charity	G.			
□ a society incorporated under the Societies Act (1989);				
□ a non-profit association incorporated under the Co-operative Associations Act (1989);				
□ a non-profit incorporated under the Canada Not-for-profit Corporations Act (2009); □ a non-profit incorporated under an Act of the Nova Scotia Legislature; or				
□ a charity registered under the Income Tax Act (Canada);				
Additionally All Ovalitying Associations MUST	he registered for at least one (1) year prior to			
Additionally, ALL Qualifying Associations MUST be registered for at least one (1) year prior to January 3, 2019 at 4:00 p.m. AT (Registration must be current; organizations whose registration				
has expired, in default or revoked will be ineligible to be a Qualifying Association).				
Project Name & Location:				
Project Description: (attach additional information if required)				

Project Type (how is your project focused on either innovation or education?)				
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Project Reach: (ie: a singular cro	sswaik, an inter	section, a comm	iunity or the region (
Project Impact: (how will your project improve crosswalk safety?)				
Projected Budget: (estimate)		Duration of Project:		
Authorization:				
	ficial Contact Bul	loc		
I have read and agree to the Off				
Name (please print)	Da	te	Signature	
Date Received:		Staff Initial:		