

**APPLICATION FOR FINANCIAL ASSISTANCE  
For RECREATIONAL AND CULTURAL PROJECTS**

NOTE: Council's ability to provide a "Grant" is governed by "Provincial Legislation" and its Financial Resources (Section 65 {au} of the Municipal Government Act).

Deadline for Receipt of Requests for the 2019-2020 fiscal year ending March 31, 2021, is **Friday, January 29, 2021.**

Please complete all sections. Incomplete applications may not be considered.

Name of Group: \_\_\_\_\_

Complete Mailing Address  
(including postal code): \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Current Year's Budget

\_\_\_\_\_  
Financial Assistance Requested

If a portion of the grant you are requesting is to offset property taxes, please indicate amount. \_\_\_\_\_

Please indicate the official name of your organization to which you would like the cheque payable: \_\_\_\_\_

Principals / Directors or Agents

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Financial Institution (Bank): \_\_\_\_\_

Address: \_\_\_\_\_

Names of Auditors: \_\_\_\_\_

How Registered or Incorporated: \_\_\_\_\_

**IMPORTANT**

All areas of this application must be completed prior to consideration by the Committee or Council. Requests for grants received after the announced closing date will not be considered for funding during the then current budget year.

Purpose of the Organization

Services Provided

Age Group

Explain how this program will benefit the target group and enhance the cultural activities of the Town.

Explain how the operations will be financed or funded in subsequent years.

Each application **must** include:

- Comprehensive budget showing all anticipated revenue and expenses for current year
- Most recent Balance Sheet
- Most recent Income Statement

Are you applying for a grant from the Municipality of Yarmouth? \_\_\_\_\_  
If yes, please list amount: \_\_\_\_\_

Are you applying for a grant from the Municipality of Argyle? \_\_\_\_\_  
If yes, please list amount: \_\_\_\_\_

Are you applying for a grant from the Province of Nova Scotia? \_\_\_\_\_  
If yes, please list amount: \_\_\_\_\_

Please list below any additional grants your group intends to apply for.

Attach any additional information you feel appropriate.