

Name of Organization:			
Contact Person:			
Mailing address			
Phone:			
Email Address:			
Registry of Joint Stocks Number:	and/or Federal Charitable Registration Number:		
Amount of Grant Requested: \$			
PROJECT DESCRIPTION			
What is this project?			

What communities will benefit from this project?

Does your organization receive assistance from the Municipality of Pictou County? If yes, please list the forms of assistance provided.

If you received grant funding in the past from the Municipality, have you returned your grant reporting form?

🗌 Yes 🗌 No

SOURCES OF FUNDING

Have you applied for other funding for this project/program/service?

🗌 Yes 🗌 No

If yes, please list

LEVEL OF GOVERNMENT	DEPARTMENT OR AGENCY	AMOUNT REQUESTED	AMOUNT CONFIRMED
Federal			
Provincial			
Municipal			
Other Funding Bodies			
	Totals		

FINANCIALS

- 1. Please attach your organization's most recent financial statement.
- 2. Please summarize the major elements of the budget for the project (or attach a copy of the budget for your project):

EXPENDITURES	AMOUNT
TOTALS	

_____ Signature _____ Date

_____ Print Name

I am authorized to submit this application on behalf of the organization.

Grant requests will not be accepted past the deadline of the last day in February. Please ensure all areas of the form are filled out and all accompanying information is provided when the form is submitted. Incomplete forms will not be accepted. Completed forms and accompanying information can be emailed to Sueann Musick at <u>sueann.musick@munpict.ca</u> or dropped off at the MOPC Administrative Building at 46 Municipal Drive in Pictou.