



# Municipality of the County of Pictou

## Council Grant Application

**Deadline last day of February**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**(Please make sure the contact person is the person receiving the cheque and all contact information is correct)**

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?**

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**What communities will benefit from this project?**

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

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When did you receive your most recent grant? \_\_\_\_\_

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 |
|---------------|--------|
|               |        |
|               |        |
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|               |        |
|               |        |
|               |        |
|               |        |
| <b>TOTALS</b> |        |

\_\_\_\_\_ 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. Completed forms and accompanying information can be emailed to Sueann Musick at [sueann.musick@munpict.ca](mailto:sueann.musick@munpict.ca) or dropped off at the MOPC Administrative Building at 46 Municipal Drive in Pictou.