



DISTRICT # \_\_\_\_\_

**MUNICIPALITY OF THE COUNTY OF PICTOU  
MUNICIPAL SERVICES GRANT APPLICATION**

NAME OF GROUP/ORGANIZATION: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

CIVIC #: \_\_\_\_\_ ST./ROAD NAME: \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ESTIMATED TOTAL COST OF PROJECT: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

AMOUNT OF GRANT REQUESTED: \_\_\_\_\_

AMOUNT OF GRANT APPROVED BY DISTRICT: \_\_\_\_\_

AMOUNT OF GRANT APPROVED BY COUNCIL: \_\_\_\_\_

DETAILS OF PUBLIC MEETING WHEN PROJECT WAS APPROVED:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PLACE: \_\_\_\_\_

**ATTACH TO THIS APPLICATION:**

1. Copy of the Minutes of the District Meeting at which this application was approved;
2. Copy of the Notice of Meeting/Advertisement for the Meeting;
3. Copy of Estimates or Quotations received for Goods or Services required;
4. Copy of most recent Financial Statements of the Group/Organization.

**Applications will not be processed until all of the required information has been received.  
Applicants who receive funding will be required to complete & return a Report Form detailing how funds were spent.**

DISTRICT # \_\_\_\_\_ ENDORSEMENT OF COUNCILLOR \_\_\_\_\_

Signature of Councillor

**FOR OFFICE USE ONLY**

APPLICATION RECEIVED: \_\_\_\_\_

APPROVED BY COMMITTEE: \_\_\_\_\_ APPROVED BY COUNCIL: \_\_\_\_\_

**CHEQUE REQUISITION: G/L # 10-290-2920-292100**

Certified Correct: \_\_\_\_\_

Approved By: \_\_\_\_\_

**CHEQUE #:** \_\_\_\_\_