



**Community Development Funding
Aspotogan Heritage Trust**

Application Form – \$500 or less

Grant # _____
Amount \$ _____
Cheque # _____
(Office use only - 012012)

**Please return the completed application to:
PO Box 99, 10 Pte. Richard Green Lane, Hubbards, NS B0J 1T0
(902) 857-1133 Fax: (902)857-1117
Email: info@aspotogan.org**

(If you have any questions or concerns, feel free to contact the office)

APPLICANT INFORMATION:

Name of Organization: _____

Contact Person (Name and Position): _____

Cheque payable to: (if different than organization) _____

Mailing Address: _____

Contact Number: _____ Email: _____

Is your group: Non-profit Not-for-profit Charitable

As applicable, provide the following information:

Incorporation Number (Registry of Joint Stock Companies): _____

Registered Charity Number: _____

PROJECT INFORMATION:

Project Name/Description: _____

Start Date: _____ Length of project: _____

Community(s) that will benefit from the project: _____

Project Overview: _____

The AHT does not provide 100% funding for projects; please list other funding sources.

COMMUNITY EVENT FUNDING

Event Expenses	List Funding Sources	Amount (\$) Requesting
Promotion: \$	Organization's contribution	
Rentals:		
Food:		
Prizes:		
Other (please list):		
	Requesting from AHT:	

-----OR-----

COMMUNITY DEVELOPMENT FUNDING

Expenses	List Funding Sources	Amount (\$) Requesting
Supplies: \$	Organization's contribution	
Rentals:		
Activity:		
Other (please list):		
	Requesting from AHT:	

Total project costs: _____ **Total revenue:** _____

I certify that the information contained in the application is accurate and reflects the full scope of the proposed project.

Signature: _____ **Title:** _____

Name(print): _____ **Date:** _____

(Please ensure that a designated signing officer with your organization signs this form)