

## Community Development Funding Aspotogan Heritage Trust

## **Application Form**

\* Before completing this form, it is **essential that you read the guidelines provided**. If you have any further questions or concerns, please feel free to contact the office at (902) 857-1133.

1. APPLICANT INFORMATION						
Project Name:						
Name of Organization:  Mailing Address:  Contact Person (Name and Position):						
					Phone Number:Emai	l:
					Is your group:Non-profitNo	ot-for-profitCharitable
Incorporation Number (Registry of Joint Stock Companies):						
				If successful, the cheque is payable to: (complete if different from the organization name)		
Name & Address:						
Forward completed application	ations and all support documents to:					
Mail: Aspotogan Heritage Trust P.O. Box 99 Hubbards, NS B0J 1T0	Fax: (902) 857-1117 Email: info@aspotogan.org					
Office: 10 Pte. Richard Green Lane, Hub	bards					
(Office Use Only - 012012)						
Grant #:	_ Date Received:					
Amount Requested:	_ Date Reviewed:					
Amount Approved:	Cheque #:					

## 2. DOCUMENTS REQUIRED

Start Date:\_\_\_\_\_

For requests of <u>less than \$2,000</u>, please submit a copy of the completed application form, your organizations financial statement (as submitted to Registry of Joint Stock Companies) and at least one quote for the work to be completed

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<ul> <li>For requests over \$2,000, please include with your completed application form:</li> <li>Minimum two quotes (three quotes are preferred) for the work to be completed □</li> <li>Financial statement (as submitted to Registry of Joint Stock Companies) □</li> </ul>
Other Information requested by the Trust for <i>all applications</i> : <ul> <li>any letters of support</li> <li>indication of other funding partners involved in the project (i.e. confirmation letters)</li> </ul>
3. PROJECT INFORMATION (please attach additional information/pages as needed)
What area of Community Development will your project benefit?
□ Social – i.e. food bank, service club work, outreach services □ Cultural – i.e. arts, community events, community music & drama festivals □ Education – i.e. workshop, training, extra curriculum programming □ Environmental – i.e. community cleanup, beach preservation □ Economic – i.e. regional marketing, promotion, beautification and signage  Project Summary (describe how the project will make a difference to the organization/community)
How was the need identified:
Community(s) served by the organization:

Length of project:\_\_\_\_\_

Will your organization manage the project with: Paid staff $\Box$ Volunteers $\Box$ Both $\Box$				
4. BUDGET			•	
		orojects. Ensure that the quotes suppo es base on the same work specifications		
Expenses (list budget item and cost)		List Funding Sources		
		(can include in-kind support and volunteer hours as		
Administration	\$	<i>applicable in support of the project)</i> Organizations Contribution	\$	
Supplies		In kind / volunteer hours		
Advertizing/Promo		Others (list specific funders)		
Equipment rental				
Other				
		Requesting from AHT		
		Total Funding:	\$	
Total Project Cost:		(Shortfall):		
How will you address any shortfalls in funding?				
Does your organization anticipate requesting further funds from the Trust to support this project (i.e. multi-year plan)? If so, when and why?				

Identify community partner(s) and what their role is in supporting the project:

What resources are in place to support this project after the funds have been utilized?		
5. OUTCOMES & EVALUATION  How does the project fit into the wo	ork of your organization:	
What do you hope to accomplish th	nrough the project:	
	f not doing the project:	
	te the project in order to determine if the goals for the	
community, is your organization al	to work towards environmental sustainability in the so supporting this idea? If so, how?	
6. CERTIFICATION I certify that the information conta scope of the proposed project.	ined in the application is accurate and reflects the full	
Signature:	Title:	
Name(print):	Date:	