

Please return completed application to:



The Municipality of Yarmouth
932 Highway 1
Hebron, NS B5A 5Z5

Email: admin@district.yarmouth.ns.ca
Website: www.district.yarmouth.ns.ca
Telephone: (902) 742-7159
Fax: (902) 742-3164

APPLICATION DEADLINE IS April 15th of each year.

Specify which category for which funds are being requested:				Operating	Capital	Tourism
Organization:			Name of Contact:			
Physical and Mailing Address:				Phone:	Fax:	
				Email:		
				Website:		
Nature of Organization: (i.e. Registered/Not for Profit, etc.)						
Years in Operation:						
Has your organization received a grant from the Municipality of Yarmouth in the past?			If yes, amount previously granted:			
Yes No			\$			
Total Project Budget, if applicable: \$				Amount of this Request: \$		
Briefly describe your organization and what you would consider your mandate:						
Describe why you believe this grant is necessary and what it would be contributing to our residents and surrounding areas as well as any necessary project information, if applicable:						
Please attach a copy of the current full listing of your organization's officers and directors (Available from the Registry of Joint Stock Companies, if applicable)						

IMPORTANT: Please include a copy of your most recent financial statement, a budget for your upcoming fiscal year, details of anticipated costs of any specific project/program/expenditure that this request relates to, if applicable; as well as any other such information your organization feels pertinent. Please refer to Municipal Grant Policy #G-068-09 which is available on our website at www.district.yarmouth.ns.ca

If your organization does not have a financial statement or budget process, you will find attached a template to help you provide the financial information that we require. Please make sure in your financial information, other funding/sources/ partners are clearly shown.

REPORT TO COUNCIL - HOW WAS YOUR EVENT AND HOW WERE THE FUNDS SPENT?

Following the event it is required that you provide a brief report regarding the project and financial statements for the project showing how the grant money was spent. Please forward the report to the Municipality of Yarmouth marked "Grant Report". Future funding considerations will only be given subject to the receipt of financial reporting being received.

If a follow-up report is not received, future requests may be affected.

SIGNATURE OF SIGNING OFFICERS: We certify that the information included in this application is accurate.

President/Chair: _____

Second Officer: _____

Date: _____

Date: _____

FINANCIAL STATEMENT
or if **PROJECT SPECIFIC**

Period _____ to _____
Project name _____

OPERATING REVENUES/ FUNDING SOURCES	Annual or Project Budget	Remarks
Bank balance from previous year		
Operating revenues		
Fundraising		
Grants, sources		
Other funding sources		
Other		
Other		
Other		
Other		
Total Revenues		

OPERATING EXPENDITURES	Annual or Project Budget	Remarks
Loan Payments		
Telephone/Internet		
Heat/Lights/Utilities		
Repairs/Maintenance		
Interest & service charges		
Insurance		
Office and admin		
Equipment and supplies		
Payroll & benefits		
Miscellaneous		
Project specific		
Project specific		
Project specific		
Project specific		
Project specific		
Total Expenses		