



Please return completed application to:

Municipality of Yarmouth
 932 Highway 1, Hebron, NS B5A 5Z5
 Email: admin@munyarmouth.ca
 Website: www.munyarmouth.ca
 Telephone: (902) 742 7159
 Fax: (902) 742 3164

APPLICATION DEADLINE IS April 15th of each year.

Specify the category for which funds are being requested:

Operating Capital Tourism Place making Parkland

Organization:

Name of contact:

Civic address:

Phone:

Mailing address (if different)

Fax:

Email:

Website:

Nature of organization: (i.e. registered charity / not for profit, etc.)

Number of years in operation:

Has your organization received a grant from the Municipality of Yarmouth in the past?

Yes No

If yes, amount previously granted:

\$

Total project budget, if applicable:

\$

Amount of this request:

\$

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.)

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 municipal residents and surrounding areas as well as any necessary project information, if applicable:

Accessibility:

The Accessibility Act aims to make Nova Scotia inclusive and barrier-free by 2030. All applicants are required to answer the following questions.

1. Do you rent or own your facility? Rent Own
2. Is the facility your primarily operate in accessible to all?
Yes No Somewhat
3. What, if any, are the accessible features within or around your facility?
Ramp Elevator Push button or automatic doors
Accessible washrooms Accessible parking Signage
Other

Please describe:

4. Have you applied to any organizations to receive funding to make your facility accessible? Yes No

If yes, please list any and all organizations contacted.

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 Grant Policy G-068-09 which is available on our website www.munyarmouth.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 must be completed. 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 or completion of the project, it is required that you provide a brief report as well as financial statements 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 this reporting.

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		