Schedule "A"

TOWN OF LUNENBURG COMMUNITY GRANTS PROGRAM APPLICATION FORM

Please review the attached Town of Lunenburg Procedural Policy: Community Grants Program before completing this Application. Attach all the additional information requested before submitting your application. Applications must be received by **March 31**st.

Name of Non-Profit Organization:							
Prima	ry Con	tact Person:					
		ne number (□ Work □ Cell □ Home):					
Mailin	g Addr	ess:					
		:E-mail Address:					
Organization Website:							
1.	Amou	Amount of funding requested: \$					
	In-kind Town of Lunenburg services requested:						
2.	The organization is a:						
		NS registered society name					
		Registered National Charity name/#					
		Other (please describe)					
3.	The geographic area serviced by the organization is:						
4.	Please describe, in detail, the specific use of the funds requested. Attach additional sheet if needed.						
5.	How will the community benefit from the funds received?						

Financial Statements from your last fiscal year.
Budget for the current fiscal year.
Project budget and funding sources summary.
Previous post grant report confirming use of earlier approved grant monies (if applicable).

Please include the following information with your completed application:

I/we, the undersigned, hereby state that, to the best of our knowledge, all information contained in this application form and any attachments are a true representation of our proposed project and I/we will comply with the terms and conditions of an approved Town grant.

Printed Name of Authorized Representative	Signature of Authorized Representative	Position Held in Organization	Date MM / DD / YY

Please return this form and all requested information by mail, fax, email or in person to:

Community Grant Program

Town of Lunenburg PO Box 129 119 Cumberland Street Lunenburg, NS B0J 2C0

(Fax): 902-634-4416 grants@townoflunenburg.ca