

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 April 30th.

Name of Non-Profit Organization: _____

Primary Contact Person: _____

Daytime phone number (Work Cell Home): _____

Mailing Address: _____

Fax Number: _____ E-mail Address: _____

Organization Website: _____

1. 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?

Please include the following information with your completed application:

- 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).

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:

Jamie Deans, Communications and Events Coordinator
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