



**MUNICIPALITY OF THE DISTRICT OF CHESTER  
GRANT APPLICATION FORM  
Major Project Grant Request**

Name of Organization Applying		
Contact Person		
Position with Organization		
Mailing Address		
Incorporation Number with Registry of Joint Stocks (if applicable)		
Phone:		Fax:
Email:		Date:

Signature of Signing Officer(s) and their position with Organization:

Name	Signature	Position
_____	_____	_____
_____	_____	_____

**ORGANIZATION INFORMATION:**

1. Purpose or objective(s) of your organization (i.e. mission statement):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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2. Is your project: New Construction \_\_\_\_ Renovation \_\_\_\_ Equipment \_\_\_\_ Program \_\_\_\_

3. Please describe your project and its benefits to residents (attach separately if insufficient space).

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4. If your project is new construction or renovation, who are the main users of the facility and for what purpose will they use it? If your project is program based, who is the target audience?

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5. How much money are you requesting?      \$\_\_\_\_\_

6. Budget

- Please attach a project budget showing all revenue and expenses.
- The budget must include all sources of funding.
- Please include a copy of your most recent yearly financial statement.

7. For construction or renovation projects, please specify whether you own the facility or have a long term lease.

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8. Is there additional information that may support your grant application? Please attach letters of support, etc.

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9. Did your organization receive funds last year from the Municipality of the District of Chester?

Yes \_\_\_\_      No \_\_\_\_

If yes, was it a Council Grant \_\_\_\_ Recreation Grant \_\_\_\_ Tourism Grant \_\_\_\_

How much was the grant? \$\_\_\_\_\_

(Attach copy of report if not previously submitted)

**Application Checklist: DID YOU INCLUDE WITH YOUR APPLICATION:**

- \_\_\_ A written outline of the project and its benefits to residents
- \_\_\_ Project budget including Revenues and Expenses
- \_\_\_ Previous Years Financial Statement
- \_\_\_ Incorporation Number (if applicable)
- \_\_\_ Application signed by signing officer(s)
- \_\_\_ Copy of report regarding previous year's grant (if a grant was received last year)

If you require assistance, please contact the Municipal Office at:

Phone (902) 275-3490

Fax (902) 275-3630

Email [chaughn@chester.ca](mailto:chaughn@chester.ca)

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

Following the completion of your project it is requested that you provide a very brief report regarding the project and how the Grant money was spent. If a follow-up report is not received future requests may be affected.

Please forward applications and reports to the following: Director of Recreation & Parks  
"Grant Report"  
Municipality of the District of Chester  
PO Box 369  
Chester NS B0J 1J0

**OFFICE USE ONLY**

<input type="checkbox"/> Essential Services <input type="checkbox"/> Regional Services	<input type="checkbox"/> Local Non-Profit <input type="checkbox"/> Community Halls	<input type="checkbox"/> National/Provincial, Cultural/Health Services
<input type="checkbox"/> Report Received		