

MUNICIPALITY OF THE DISTRICT OF CHESTER

Capital Grant Application Form Deadline to Apply: January 31st

Name of Organization					
Contact Person					
Position with Organization					
Organization Mailing Address					
Incorporation Number with Regist	try of Joint Stocks				
Phone:		Cell:			
Email:		Date:			
Signature of Signing Officer and pos	ition with Organizatio	n:			
Name (printed)	Position		Endorsement (check box) I declare I am a member of the organization and have authority to submit this application.		
Which grant are you applying for: COMMUNITY Ca		tal Grant	MAJOR Capital Grant		
Application Notes: Feel free to 1. Describe the purpose or objective	·		the space provided is not sufficient ment).		
2. Which of the following best of New Construction Renovation	describes your project	Parge Capital Equipment Small Capital Equ	·		
Other (list):		1			

3.	Please provide a detailed description of your	project.	
4.	What is the estimated project timeline?		
	Start Date:	End Date:	
5.	Municipal Strategic Priorities Framework (to	will have on the community and how it supports the o view the Priorities document click the attached laserfiche.ca/Portal/DocView.aspx?id=1236847&rees'.	
6.	Who will benefit from your project and how?	?	

/.	How did you determine the need for this project?
8.	How much funding are you requesting? \$
	(Maximum Funding: Community Capital \$10,000 or \$20,000 (based on eligibility criteria) and Major Capital \$100,000)
9.	 Please attach a project budget showing all revenue and expenses. COMMUNITY CAPITAL GRANT APPLICATIONS – You must demonstrate fundraising efforts and your revenue should include a list of financial contributions from all sources. MAJOR CAPITAL GRANT APPLICATIONS – Council will fund up to a maximum of 70% of the total project budget. Groups must secure the remaining 30% from other sources and a minimum of 10% must be cash. Please attach a copy of your most recent annual financial statement.
9.	Describe your financial readiness for the project. Are all funding partners and in-kind contributions confirmed?
10.	If you are applying for a construction or renovation project, please indicate whether you own the facility or have a long-term lease?

11.	Is	Is there additional information that may support your grant application?						
12.	If					-	ve you submitted the Fir	nal Report?
		Yes	No	If No, please	e submit your	r Final Re	port as soon as possible.	
13.	If your funding request is approved, who should the grant cheque be made payable to and what mailing address should we send it to if different from Page 1?					ling		
Plea	se s	submit a hard copy to the	e address be	low or, electr	ronically (see	e directio	ns below):	
		Recreation & Park Service Municipality of the Distri 186 Central Street, PO Bo Chester NS BOJ 1J0	ct of Chester	r			recreation@chester.ca (902) 275-3490	
HOV	V T	O SUBMIT THIS GRANT A	PPLICATION	ELECTRONIC	ALLY			
(a)	Click "Submit" button below. Your email program should automatically open and create an email to recreation@chester.ca. At that time, you will be able to attach supporting documents (i.e. budgets, financial statements, additional documents, etc.) and compose a message if you choose to. Once complete, be sure to press 'send'. This form works best with Adobe Acrobat on desktop and mobile devices.						
I	b)			•			en manually attach it to ar lents before pressing 'send	
(c)	OR, you can print the form, fill it out, and mail or hand deliver it to the address above.						