

## MUNICIPALITY OF THE DISTRICT OF CHESTER ~ DISTRICT GRANT APPLICATION ~

**Deadline to Apply: No deadline** 

Name of Organization				
Contact Person				
Position with Organization				
Organization Mailing Address				
Phone:		Cell:		
Email:		Date:		
Signature of Signing Officer and position with Organization:  Name: Position:  Endorsement (check box)   I declare I am a member of the organization and have authority to submit this application.				
<u>Note</u> : Feel free to attach additional supporting documents if the space provided is not sufficient.				
AMOUNT REQUESTED: \$		MUNICIPAL DISTRICT #		
Please provide a brief description of your project or event.				

3)	supports the Mur		oject will have on the community and how it ramework (to view the Priorities document click or browser.)
		erfiche.ca/Portal/DocView Ility of Chester Strategic Pr	<u>aspx?id=1236847&amp;repo=r-0001f4a08362</u> or riorities'.
4)	If you have previou	sly received any grants from	the Municipality, have you submitted the Final Report?
	Yes No	If No, please su	bmit your Final Report as soon as possible.
5)	Who should the c from Page 1?	heque be made payable to	and what address should we send it to if different
Ρl	ease email a pdf ver	sion of your application to: re	creation@chester.ca
OI	R mail a hard copy t Recreation & Par Municipality of the 186 Central Stree	ks Services ne District of Chester	
	Chester NS BOJ 1		*If you have any questions, please call us at 902-275-3490.

2) How do you plan on spending your District grant funds?