



## GRANTS TO ORGANIZATIONS - APPLICATION FORM

Municipality of the District of St. Mary's Box 296, 8296 Highway 7, Sherbrooke, NS B0J 3C0  
Phone: (902) 522-2049 Fax: (902) 522-2309 email: [council@saint-marys.ca](mailto:council@saint-marys.ca)

**Deadline for submission: February 15, 2021**

Organization Name: \_\_\_\_\_

Registry of Joint Stocks Active #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Monetary Amount Requested: \$\_\_\_\_\_

Description of Organization and Major Activities:

*\*Should more space be required, please use reverse of this sheet.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outline event/activity/project that the organization is requesting funding for:

*\*Should more space be required, please use reverse of this sheet.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other sources of outside funding known to date for the above event/activity/project:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*\* The following Financial Requirements must be included with this form for it to be considered complete:*

1. Most recent **Annual Financial Statement** (Income Statement and Balance Sheet) – along with a copy of the Motion where the statements were approved by your organization
2. Current **Year to Date Income Statement**

*\*\* Additional reporting requirements will be requested if your organization receives more than \$1000 from this Grant Program.*