



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

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:

Signature of Applicant

Date

** 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.*