



TOWN OF PICTOU - APPLICATION FOR COMMUNITY PROGRAMMING OR COMMUNITY ECONOMIC DEVELOPMENT INITIATIVES

Please check which grant you are applying for:

Community Programming

Community Economic Development Initiative

ORGANIZATION NAME			
MAILING AND CIVIC ADDRESS			
CONTACT PERSON		TITLE/ POSITION WITH ORGANIZATION	
EMAIL ADDRESS		DAYTIME PHONE #	

Is your organization incorporated under the Societies Act, Cooperative Association Act or Companies Act? _____ If so, please indicate which Act: _____

Is your organization registered through the Registry of Joint Stock Companies? _____

If not, do you operate with a constitution/ bylaws? _____

If not, please explain by what authority you function? _____

Does your organization own or lease the property in question? N/A _____ YES _____ NO _____

Actual site (civic address) of project location: _____

Proposed start date: _____ Proposed finish date: _____

Describe the initiative to be funded: _____

How does your organization feel this program or initiative will benefit the community, once it is completed?

Please provide information on expenses and revenues on the next page. Attach any additional information that you feel may be important to this request.

EXPENSES	
<i>Labour Costs</i>	
<i>Materials & Supplies</i>	
<i>Equipment Rental(s)</i>	
<i>Sub-Contracting Costs</i>	
<i>Other (Specify)</i>	
<i>Other (Specify)</i>	
<i>Other (Specify)</i>	
<i>Other (Specify)</i>	
TOTAL (A)	

REVENUES			
Funding Source	Department or Agency Name	Amount Requested	Result of Request
Federal Grants			
Provincial Grants			
Donated Material			
Donated Labour			
Fund Raising			
Other (Specify)			
Other (Specify)			
TOTAL (B)			

FINANCIAL SUMMARY	
OVERALL COST (TOTAL A)	
LESS ORGANIZATION CONTRIBUTION (TOTAL B)	
TOTAL REQUESTED FROM THE TOWN OF PICTOU	

I, the undersigned, hereby certify that the information supplied in this application is, to the best of my knowledge, exact and that the program has received the approval of the organization I represent. Upon completion of the project or initiative, the organization I represent agrees to provide a copy of its annual financial statements. If these statements cannot demonstrate the allotted funding was used for its intended purpose, the organization I represent agrees to return the money to the Town of Pictou. I understand that the Town of Pictou reserves the right to require a formal Agreement be executed as part of an approval process. I further understand that this application and any records associated with this project may be subject to review/audit and hereby agree to remit same to the Town's CAO, External Auditor and/or the Municipal Auditor General upon request of any of these individuals.

Name

Date

**Please complete and return by May 9, 2016 to:
Recreation Coordinator, Town of Pictou, 40 Water Street, PO Box 640, Pictou, NS B0K 1H0**