

**2016 Eastern Kings County
Active Kids, Healthy Kids Fund**



**Application Form
Deadline: September 16, 2016 @ 4:30 p.m.**

Date: _____

Project Name / Title: _____

Organization: _____

Contact Person: _____

Mailing Address: _____

Postal Code: _____

Telephone: _____

Fax: _____ **Email:** _____

If approved, when will the project start? Month/_____ Year/_____

If approved, when will the project end? Month/_____ Year/_____

Total Funding Requested from EKAKHK Committee _____

Signature: _____

Please Note: Groups will receive their funding in two instalments, 75% at the Active Kids Healthy Kids celebration event and the remaining 25% upon submission of an interim or final report, 60days of the completion of your event or program (Including receipts), or remaining 25% will not be distributed.

*****Groups who do not submit a final report will not be eligible for funding the following year*****

Please, no requests over \$750.00

Please answer the following questions in paragraph or point form:

1. How would you describe your project?
2. What is the expected outcome or goal of the project?
3. Who will participate? (Please include the estimated number of people and age range).
4. What types of activities will be undertaken?
5. When and where will these activities occur?
6. How will you measure the project's success?
7. What type of support do you need from the Eastern Kings County Active Kids, Healthy Kids Fund to make this project happen?
8. What other community organizations or individuals will be involved with this project?
9. Please describe how your project addresses the criteria (found on the brochure).
10. Please use the attached budget form to submit your budget.

Submit completed applications to the Municipality of the County of Kings

Attn: Ashley Brooker

87 Cornwallis Street PO Box 100

Kentville NS B4N 3W3

Fax: 902-679-0911

Email: abrooker@countyofkings.ca



AKHK Grant Application Budget

Personnel:	
Wages (\$ per hour X # of hours for the project X # of people)	
Fringe Benefits (ten % of wages)	
Travel:	
Transportation (twenty-five cents per km)	
Capital Costs:	
1.	
2.	
3.	
Operating Costs:	
Office Supplies (pens, paper, etc.)	
Program Materials (videos, books, pamphlets, etc.)	
Printing/Photocopying	
Postage	
Equipment/Furniture (rent or lease)	
Space Rental	
Utilities	
TOTAL BUDGET:	\$

Are you or your organized directly contributing by volunteering money, time, or materials for this project?
 Yes No

If yes, please specify: _____

Are you seeking funds for this project from any other source? Yes No

(Please specify source of funding and amount of funding.) _____

If you do not receive funding from this source(s), can you still do the project? Yes No

List potential income from this project (e.g. membership fees, etc.): _____

For what budget items will the AKHK grant be used? _____
