

APPLICATION FORM

ONE-TIME FUNDING OPPORTUNITIES GRANT

This program is available to non-profit organizations or registered charities that are planning to offer extraordinary operational events and initiatives that benefit the Town of Wolfville and its residents.

Please complete this form and forward via email to: recreation@wolfville.ca

Or by mail to:

Department of Parks & Recreation Town of Wolfville 359 Main Street Wolfville, Nova Scotia B4P 1A1

Phone: (902) 542-3019

1) ORGANIZATION INFORMATION

Name of Organization:			
Contact Person:			
Mailing Address/PO Box:			
City:	Postal Code:		
E-mail Address:			
Telephone: (Work)	(Home)		
Is your organization a registered charity? If yes, what is your CRA Charitable Status Registration Number:		□ Yes	□ No
Is your organization a registered non-profit organization? If yes, please provide:		□ Yes	□ No
Joint Stocks Registration Num	ber:		
Canada Revenue Agency Busin			



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FUNDING REQUEST CALCULATION

Funding Level and Limitations

- Town of Wolfville funding should not exceed 50% of the total project cost
- For requests less than \$2000, please apply to the Community Partnership Program
- Only one application per organization may be submitted per year

 Only one application 	n per organization may be approved ever	ry four years			
Request Calculation					
 Total Project Cost 		\$			
• Request to Town of	Wolfville	\$			
3) REQUIRED INFORM					
You <u>MUST</u> include as attachments to this form:Detailed Description of the program/event/service being proposed, including:					
Outline of progra		cu, meruumg.			
Benefits to the W					
	nment with Council's Strategic Plan				
Project timeline	C				
Expected number	r of participants/attendees				
Budget for the pr					
Confirmation of partner funding (if applicable)					
Year-End Financial Statement from the previous year (or business plan)					
Final Report Forms from	Final Report Forms from any previous funding received from the Town (if applicable)				
Successful applicants mus Forms will be included wi	st provide a Final Report in the prescrith awarding letters.	ribed form. Final Report			
	been met, staff will complete an Evaluation. Grant funding is subject to Coun-				
	my knowledge, the information provide ed by the organization which I represent				
Nama	T;+lo				
Name	Title				
Signature	Date				