



APPLICATION FORM

COMMUNITY PARTNERSHIP PROGRAM GRANT

This program is available to non-profit organizations or registered charities that coordinate community programming in the Town of Wolfville. Priority is given to programs that focus on active and healthy living and target your (18 and under) and older adults (55 and older).

Please complete the attached form and forward to:

Department of Community Development
Town of Wolfville
200 Dykeland Street
Wolfville, Nova Scotia
B4P 1A2

Phone: (902) 542 0368
Fax: (902) 542 5066
Email: jcollicutt@wolfville.ca

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 Yes No
If yes, what is your CRA Charitable Status Registration Number: _____

Is your organization a registered non-profit organization? Yes No
If yes, please provide a Joint Stocks Registration Number: _____



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2) **PROGRAM PARTICIPATION**

	18 & Under	55& Older	Total
Total number of Wolfville residents:	_____	_____	_____
Total number of County residents:	_____	_____	_____
Total:	_____	_____	_____

3) **REQUIRED INFORMATION**

You **MUST** include:

- ___ a proposed budget for the upcoming year
- ___ Year-end financial statements from the previous year, and
- ___ a Final Report Form from the previous year (if applicable)

4) **FUNDING CALCULATION**

a) **Participation Grant (use previous year's figures)**

Total number of registered Wolfville residents (age 18 & under and aged 55 and older): _____ x \$5
\$ _____

b) **Facility Rental Costs**

Total facility rental costs: _____ x 20% x Total number of registered Wolfville residents (all ages) _____ /
Total number of registered participants (all ages) _____ = \$ _____

c) **Special Project Grant (maximum grant \$1000 - available once every 2 years)**

Please submit on a separate sheet, the objectives, costs, supplies and budget for the project.
Amount applied for \$ _____

TOTAL amount requested from the Town of Wolfville (cannot exceed \$5000):

(Total of a + b + c) = \$ _____

5) **GRANT APPROVAL**

Grant funding is subject to Council's approval of the Community Partnership Program and as a result the Town may not be able to provide the total amount requested in a given year. If there are changes to the Community Development Fund, applicants will be notified.

6) **CERTIFICATION**

I certify that, to the best of my knowledge, the information provided in this application is accurate and complete and is endorsed by the organization which I represent.

Name _____ Title _____

Signature _____ Date _____