

District Capital Request Form

Name of Community Group or Organization: _____

Address: _____

Phone Number: _____ (xxx.xxx.xxxx)

Name / position of person making request: _____

Phone Number: _____ (xxx-xxx-xxxx)

Email: _____

Required:

1. Letter of Request from not for profit Community Group or organization, including a description of the project and the benefit to the community. (Attach the letter to this form)
2. Estimated completion date _____

Accountability:

___ I acknowledge that if funds are provided by the HRM District Capital fund I will be accepting responsibility that the funds will be used for the stated purpose and within the timeline stated above.

___ I acknowledge that I will be responsible to keep all receipts and/or invoices relating to the project above. (Please note tax receipts are not required by HRM)

District Capital Request Form

Cost information for District Capital requests:

Detailed Cost of Project:

Item/Description:

Estimated Cost

Fundraising/Contributions from community:		
Other funding provided by HRM:		
Other funding:		
District Capital Fund requested:		
Total Cost of Project:		

For office use only:

Approved by Councillor:	Prepared by Council Assistant: Reviewed by Manager:
Date of Request	Please return cheque to Councillors' Office.

PLEASE DO NOT COMBINE WITH ANY OTHER CHEQUE