

## Community Museum Grants Program Application Form: Operating Grant

Application Deadline, **February 2nd, 2026**

Name of Applicant Organization:	Registration Number(s):
<input type="checkbox"/> non-profit society registered with the Nova Scotia Registry of Joint Stock (NSRJS) <input type="checkbox"/> non-profit association incorporated under the <i>Co-Operative Associations Act</i> (registered with NSRJS) <input type="checkbox"/> Canadian Charity registered with the Canada Revenue Agency <input type="checkbox"/> not-for-profit corporation under the <i>Canada Not-for-profit Corporations Act</i> (2009) <input type="checkbox"/> Incorporated under an act of N.S Legislature or Parliament: <input type="checkbox"/> Name of the Act	
Official Name of Museum:	Civic Address of Museum:
<input type="checkbox"/> Seasonal (operates minimum of 3 months) <input type="checkbox"/> Year-round	
Applicant Contact: Name, mailing address, telephone number and email address.	
Operating Grant Category (check only one):	
<input type="checkbox"/> Tier I: participated in the provincial Museum Evaluation Program and has attained a score of 50/100 or higher, up to a maximum of \$25,000 per fiscal year; <input type="checkbox"/> Tier II: did not participate in the provincial Museum Evaluation Program or has received a score below 50/100 with yearly operating expenditures averaging more than \$10,000 over the three (3) years immediately preceding application to the program, up to a maximum of \$15,000 per fiscal year; and <input type="checkbox"/> Tier III: available to a community museum that does not participate in the provincial Museum Evaluation Program or has received a score below 50/100 with yearly operating expenditures averaging \$10,000 or less over the three (3) years immediately preceding application to the program, up to a maximum of \$5,000 per fiscal year.	

Amount of Grant Requested:													
Mandatory Submission Information: Upon <i>initial application</i> to the program an applicant must include the following documentation:													
<ul style="list-style-type: none"> <li><input type="checkbox"/> Itemized financial statements for the preceding three (3) years including all revenues, expenses, assets and liabilities. Clearly identify expenditures directly associated with museum operations from any other function of the organization. See: Guidelines for Presentation of Financial Information in program guidebook.</li> <li><input type="checkbox"/> List any indirect or in-kind assistance not identified in the organization's financial statement(s).</li> <li><input type="checkbox"/> Proof of property ownership (e.g. deed) or a copy of the lease or license agreement in effect as of the date of application.</li> <li><input type="checkbox"/> Affix a copy of organizations Articles of Incorporation and a list of current members of the Board of Directors.</li> <li><input type="checkbox"/> Projected Museum Revenues and Expenses. See Guidebook.</li> </ul> <p>Applicants are encouraged to include a brief cover letter describing the organization's mandate and operations, the intended use of municipal funds or priority expenditures, visitation or program data as applicable, or any particular challenge that you wish to bring to the attention of the review team. The brief should be no more than 8 pages. If the review team require additional information or confirmation an applicant will be contacted.</p>													
Declaration of Collection Ownership and Authorization:													
<p><i>I hereby certify that all statements, both written and verbal, made on behalf of the organization's Board of Directors in relation to and affixed to this application to the Halifax Regional Municipality, including ownership of the collections permanently housed at the location identified as the community museum operated by the organization, are true and accurate and it is understood that any misrepresentation of material facts may lead to the disqualification of this application or repayment of all or a portion of any funds issued pursuant to this grant application.</i></p>  <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 35%;"></td> <td style="border-bottom: 1px solid black; width: 35%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="padding-top: 5px;">Name (please print)</td> <td style="padding-top: 5px;">Signature</td> <td style="padding-top: 5px;">Date</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 35%;"></td> <td style="border-bottom: 1px solid black; width: 35%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="padding-top: 5px;">Name (please print)</td> <td style="padding-top: 5px;">Signature</td> <td style="padding-top: 5px;">Date</td> </tr> </table>					Name (please print)	Signature	Date				Name (please print)	Signature	Date
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<p>In accordance with the <i>Municipal Government Act</i>, any personal information collected in this application will only be used and disclosed by municipal staff for internal purposes relating to the Community Museums Grant Program. If the application is to be disclosed to an external party the personal information (address, telephone or email) will be redacted. Inquiries re: the collection and use of information may be directed to the Access &amp; Privacy Office at <a href="mailto:accessandprivacy@halifax.ca">accessandprivacy@halifax.ca</a>.</p>													
Date Received:	Staff Initial:												