

# HALIFAX Community Museum **Grants Program**

Application Form: ProjectGrant

Application Deadline: January 31, 2025

Name and Address of Applicant Organization(s):			
Registration Number(s):			
non-profit society under the Societies Act (1989)			
□ non-profit association incorporated under the C	Co-Operative Associations Act (1989)		
not-for-profit corporation under the Canada Not-for-profit Corporations Act (2009)			
□ charity incorporated under the <i>Income Tax Act</i> (Canada).			
If incorporated under an Act of the Nova Scotia Legislature provide the name of the Act (including year or section as applicable):			
Applicant Contact: Name, mailing address, telephone number and email address.			
Type of Project (Capital, Project, Special) an	d location:		
Amount of Grant Requested:	Duration of Project:		
\$			
Description of Project: Attach additional information if required (up to a maximum of 4 pages).			

## **Project Budget**

**Date Received:** 

The following is a project budget — not your organization's total budget. Indicate unconfirmed funding/revenue with an asterisk  $^{\ast}$ 

Projected ProjectFunding		Projected Project Costs	
Funding Source	\$ Amount	Type of Project Expense	\$ Amount
Municipal GrantRequested	\$		\$
Other Municipal Assistance	\$		\$
Provincial Funding	\$		\$
Federal Funding	\$		\$
Funds from your Organization	\$		\$
Funds from Non-Profit Project Partner(s)/Collaborator	\$		\$
Charitable Foundation	\$		\$
Project Income	\$		\$
Rebate (as applicable)	\$		\$
Other	\$		\$
Other	\$		\$
Other	\$		\$
Total Estimated Funding	\$	Total Estimated Cost	\$

Project Surplus/Deficit (difference between funding and cost): \$

Project Surplus/ Deficit (difference between funding and cost).				
Authorization:				
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, 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				
Name (please print)	Signature	Date		
Name (please print)	Signature	Date		
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 & Privacy Office at access and privacy@halifax.ca.				

Staff Initial:

#### **Delivery of Applications:**

## Applications can be mailed to:

Grants and Contributions HRM Finance & Asset Management PO Box 1749, Halifax, Nova Scotia B3J 3A5

### Applications delivered by courier should be directed to:

Grants and Contributions HRM Customer Service Centre - 1st Floor 40 Alderney Drive, Dartmouth, Nova Scotia

# Applications can be dropped off at any HRM Customer Service Centre.

For the address of a centre near you see: <a href="https://www.halifax.ca/home/311#ContactCentres">https://www.halifax.ca/home/311#ContactCentres</a>

Applications can be e-mailed to nonprofitgrants@halifax.ca