

**TOWN OF LUNENBURG**  
**COMMUNITY GRANTS PROGRAM APPLICATION FORM**

Please review the attached Town of Lunenburg Procedural Policy: Community Grants Program before completing this Application. Attach all the additional information requested before submitting your application. Applications must be received by **March 31<sup>st</sup>**.

Name of Non-Profit Organization: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Daytime phone number ( Work  Cell  Home): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

1. Amount of funding requested: \$ \_\_\_\_\_

In-kind Town of Lunenburg services requested: \_\_\_\_\_

2. The organization is a:

NS registered society name \_\_\_\_\_

Registered National Charity name/# \_\_\_\_\_

Other (please describe) \_\_\_\_\_

3. The geographic area serviced by the organization is: \_\_\_\_\_

4. Please describe, in detail, the specific use of the funds requested. Attach additional sheet if needed.

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\_\_\_\_\_

\_\_\_\_\_

5. How will the community benefit from the funds received?

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**Please include the following information with your completed application:**

- Financial Statements from your last fiscal year.
- Budget for the current fiscal year.
- Project budget and funding sources summary.
- Previous post grant report confirming use of earlier approved grant monies (if applicable).

I/we, the undersigned, hereby state that, to the best of our knowledge, all information contained in this application form and any attachments are a true representation of our proposed project and I/we will comply with the terms and conditions of an approved Town grant.

| <b>Printed Name of Authorized Representative</b> | <b>Signature of Authorized Representative</b> | <b>Position Held in Organization</b> | <b>Date MM / DD / YY</b> |
|--|---|--------------------------------------|--------------------------|
|  |   |                                      |                          |
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|  |   |                                      |                          |

Please return this form and all requested information by mail, fax, email or in person to:

**Community Grant Program**  
Town of Lunenburg - Chief Administrative Officer  
PO Box 129  
119 Cumberland Street  
Lunenburg, NS B0J 2C0  
(Fax): 902-634-4416, [brenton@explorelunenburg.ca](mailto:brenton@explorelunenburg.ca)