

Application for Common Area Rate Funding

(Please Print)

Date of Application Submission:

Name of Organization:

Primary Contact

Alternate Contact

Name:

Name:

Title:

Title:

Email:

Email:

Phone:

Phone:

Mailing Address:

Civic Address (If Different)

Organizations Registration Information
NS Registry of Joint Stocks, Federal Charity or
not for profit organization(s):

Social Media, Website or any public
links:

Organizations Board of Directors:
name & email

Project Details:

Title of Project, Event or Initiative

Project Start Date:
DD-MM-YYYY

Project Finish Date:
DD-MM-YYYY

Describe in detail what the funds will be used for:

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In detail, describe how the project, event or initiative will benefit the community:

Project Financial Details:

Amount Requested:	\$	
Is 100% of the request for funds required to move forward with this project?		YES
		NO
Does your organization have a VALID bank account:		YES
		NO
Has your organization applied, received or plan on applying for funds from elsewhere?		YES
		NO
If so, please describe how much and where from:		
Please indicate the timeline of the projects need for funds and the amount for each projects stage of completion. (Dates Amounts and Details)		

Please attach a detailed budget, including any supporting documentation where applicable and available. (ex: quotes, estimates, vendor price list ect..)

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Acknowledgment of MHACCCA-administered Common Area Rate Funding

Do you agree to acknowledge the contributions of the MHACCCA
-administered Common Area Rate funding for your project, event, or initiative?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If yes, how do you intend to do this?

Please describe your intended method of acknowledgment

(e.g., signage, verbal recognition, printed materials, social media, etc.):

Project Deliverables:

Do you agree to supply a detailed report on the completion of the project for
which this application is being submitted for, including timelines, expenditures
and detailed specifics on how the CARA funds were used?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

I declare that the information contained in this application is accurate and complete:

Signature: _____

Date: _____

Print: _____