MUNICIPALITY OF THE COUNTY OF

ANTIGONISH

Recreation, Sport, Cultural and Leadership Travel Assistance Grant Application

Instructions:

- Use this cover sheet as the first page of your application.
- Please submit all documents from the application checklist with your completed application. Incomplete submissions may delay consideration of your request for funding.
- If you do not have enough space to answer a question, please attach a separate sheet.
- The policy governing the Muncipality of the County of Antigonish Community Partnership Grants is available on the County's website at www.antigonishcounty.ns.ca or by contacting the Municipality at 902-863-1117.
- Please forward complete application to the following address:
  Municipality of the County of Antigonish
  Attn: Recreation Director, Antigonish County Recreation
  285 Beech Hill Road, Beech Hill, NS B2G 0B4

APPLICANT CHECKLIST

☐ A signed original of your Municipality of the County of Antigonish Grant Application
☐ Community group/organization must submit one of the following:

- Proof of current registration as a non-profit or charitable organization.
- If the organization is not incorporated but has an executive, membership, and a proven reputation please provide a list of executive and membership.
- Team, group or delegation can have their governing body sign the application confirming the team/group is a member of their organization.

PART A – APPLICANT INFORMATION

Community group/organization (applicant):	
Contact Name:	Title:
Mailing Address:	Telephone:
	Fax:
	Email:
Website (if applicable):	
NS Registry of Joint Stocks Number (if applicable):	
Federal Charitable Status Number (if applicable):	

Please provide a brief description of your organization/team/group or delegation mandate and/or purpose.

PART A: PROJECT TYPE

Please choose **one** of the following grants you wish to apply for:

☐ **Recreation, Sport and Cultural Travel Assistance**

☐ **Leadership Development Leadership Development**

☐ **Elected Travel Assistance Grants**

Objectives and criteria for each type of grant can be found in the Community Partnership grant policy.

PART B: PROJECT INFORMATION

1. **Please indicate why you require travel assistance. Describe the event you will attend, the location, duration of the event as well as any additional information which will assist us in assessing your application. If the application is on behalf of more than one individual, it MUST be accompanied by a list of the participants along with their mailing address.**

2. **Please select one of the following:**

   ☐ **Did the applicant compete in a competitive event or activity to move onto the next level of competition? ie. the provincial, national or international level.**

   ☐ **Did the applicant make application to a specific event/activity; go through a selection process and was subsequently selected by the host organization to participate in that event.**

   ☐ **The applicant had chosen to travel for sports, cultural or educational activities outside of the Maritimes for which there was no qualifying event or selection process.**

If applicable, please describe the activity/event you participated in to reach the next level of competition or the selection process you participated in.

DECLARATION: The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give the Municipality of the County of Antigonish authority to verify any and all information pertaining to this application.

Application prepared by:

_____	_____	_____
Signature	***Print Name***	***Date***

Governing Body Authorization (if applicable):

_____	_____	_____
Signature	***Print Name***	***Date***