

Grant Request Application

A - Applicant Information:

A.1. Group/ Organization Applying*: _____

A.2. Contact Person(s) *: _____

A.3. Address*: _____

A.4. Phone Number*: ____ - ____ - ____

A.5. Address*: _____

A.6. When was your group/organization established?

A.7. Is your group/organization Not-For-Profit or Non- Governmental*:

Yes

No

A.8. Is your group based in the Rural Municipality of West River? *:

Yes

No

B – Grant Type:

B.1. What type of Grant is being _____ **Required fields are marked with asterisks (*)**

Monetary Grant

In-Kind Grant

B.2. Requested Grant Amount (If Monetary Grant Requested) *:

_____ (CAN\$)

B.3. Identify the requested goods, commodities, or services (If In-Kind Grant Requested)*:

Grant Request Application (Continued)

C - Reasoning for Request:

C.1. How will the grant be used? * (up to 100 Words)

C.2. Has your group/organization received any other funding for the purpose stated above?* (If the answer is "Yes," please provide the required information)

Yes, \$ _____ from _____ Date _____

No

C.3. Has your group/organization fundraised prior to this request for the purpose stated above?* (If the answer is "Yes," please provide the required information)

Yes, \$ _____ Date _____

No

C.4. How does your group/organization contribute to the community and its residents?
(Up to 100 Words) *

Grant Request Application (Continued)

I Hereby Affirm and Declare to the Municipality That:

- a) By signing this application, I am confirming that all information stated above is true and accurate.
- b) By signing this application to the Municipality, I consent to the collection, use, and disclosure of the personal information in this application by the Municipality for the purposes of processing this application, making a decision, and publishing public notice of the decision in relation to this application. I understand that the personal information contained in this application is being collected, used, and disclosed by the Municipality in accordance with Bylaw #2021-05 – Access to Information and Protection of Personal Information – and the Municipal Government Act, including the Access to Information and Protection of Personal Information Regulations. I also understand that, if I have any questions about the collection, use, disclosure, or correction of the personal information, I can contact the Chief Administrative Officer of the Municipality at 902-675-7000 or admin@westriverpe.ca.

Applicant Name (Print) *:

Applicant Signature *:

Date of Application *: _____

How to Submit Your Application;

- Online submission on the website: <https://www.westriverpe.ca/submit-application> or
- Email to admin@westriverpe.ca with "Grant Request" in the subject line, or
- Mail it to 1552-B Rte. 19, New Dominion, PE COA 1H6, or
- Deliver it to the Municipality office at Afton Community Center, MacEwen Room - 1552 Rte. 19, New Dominion, PE COA 1H6