



**Community Development Funding  
Aspotogan Heritage Trust**

**Application Form – \$500 or less**

Grant # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Cheque # \_\_\_\_\_

(Office use only - 012012)

***Please return the completed application to:***

***PO Box 99, 10 Pte. Richard Green Lane, Hubbards, NS B0J 1T0***

***(902) 857-1133 Fax: (902)857-1117***

***Email: info@aspotogan.org***

***(If you have any questions or concerns, feel free to contact the office)***

**APPLICANT INFORMATION:**

Name of Organization: \_\_\_\_\_

Contact Person (Name and Position): \_\_\_\_\_

Cheque payable to: (if different than organization) \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Is your group:      Non-profit              Not-for-profit               Charitable

**As applicable, provide the following information:**

Incorporation Number (Registry of Joint Stock Companies): \_\_\_\_\_

Registered Charity Number: \_\_\_\_\_

**PROJECT INFORMATION:**

Project Name/Description: \_\_\_\_\_

Start Date: \_\_\_\_\_ Length of project: \_\_\_\_\_

Community(s) that will benefit from the project: \_\_\_\_\_

Project Overview:

*The AHT does not provide 100% funding for projects; please list other funding sources.*

**COMMUNITY EVENT FUNDING**

<b>Event Expenses</b>	<b>List Funding Sources</b>	<b>Amount (\$) Requesting</b>
<b>Promotion:</b> \$	<b>Organization's contribution</b>	
<b>Rentals:</b>		
<b>Food:</b>		
<b>Prizes:</b>		
<b>Other (please list):</b>		
	<b>Requesting from AHT:</b>	

-----OR-----

**COMMUNITY DEVELOPMENT FUNDING**

<b>Expenses</b>	<b>List Funding Sources</b>	<b>Amount (\$) Requesting</b>
<b>Supplies:</b> \$	<b>Organization's contribution</b>	
<b>Rentals:</b>		
<b>Activity:</b>		
<b>Other (please list):</b>		
	<b>Requesting from AHT:</b>	

**Total project costs:** \_\_\_\_\_      **Total revenue:** \_\_\_\_\_

**I certify that the information contained in the application is accurate and reflects the full scope of the proposed project.**

**Signature:** \_\_\_\_\_      **Title:** \_\_\_\_\_

**Name(print):** \_\_\_\_\_      **Date:** \_\_\_\_\_

**(Please ensure that a designated signing officer with your organization signs this form)**