



Grant #: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Amount Requested: \_\_\_\_\_ CDC Reviewed: \_\_\_\_\_  
Amount Approved: \_\_\_\_\_ Brd Reviewed: \_\_\_\_\_  
Cheque #: \_\_\_\_\_ (Office Use Only - 017150)

**CANADA 150 – Grants Program  
Aspotogan Heritage Trust  
Application Form**

\* Before completing this form, it is **essential that you read the guidelines provided**. If you have any further questions or concerns, please feel free to contact the office at (902) 857-1133.

**1. APPLICANT INFORMATION**

**Project:** \_\_\_\_\_

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

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

**Contact Person (Name and position):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

If successful, the cheque is payable to: (complete ONLY if different from the organization name)

**Name & Address:** \_\_\_\_\_

**Applicants must meet one of the following criteria:**

- Be incorporated as a not-for-profit, non-profit or charitable society **including religious/spiritual entity (either formal or community-based)**

**Non-profit/not-for-profit - Incorporation #:** \_\_\_\_\_

**Registered Charity - Registered Charity #:** \_\_\_\_\_

- **If not incorporated, groups MUST provide** a list of the names, addresses and signatures of the people who have agreed to come together for the specific purpose of carrying out the project before the application will be processed – **individuals are not eligible to apply for funding under this program.**

**Forward completed applications and all supporting documents to:**

**Mail:** Aspotogan Heritage Trust  
P.O. Box 99, Hubbards, NS, B0J 1T0

**Fax:** 902-857-1117  
**Email:** connect@aspotogan.org  
**Office:** 10 Pte. Richard Green Lane, Hubbards

**2. PROJECT INFORMATION** *(please attach additional information/pages as needed)*

**Community(s) served by the project:**

**Indicate the area of AHT's mandate the project will benefit (select only one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Social (e.g. food bank, service club work, outreach services)                               | <input type="checkbox"/> Education (e.g. workshop, training, extracurricular programming)               |
| <input type="checkbox"/> Cultural (e.g. arts, community events, community music & drama festivals, heritage project) | <input type="checkbox"/> Environmental (e.g. community cleanup, beach preservation)                     |
|  | <input type="checkbox"/> Economic (e.g. <u>regional</u> marketing, promotion, beautification & signage) |

**Start Date:** \_\_\_\_\_

**End Date\*:** \_\_\_\_\_

*\* Project dollars are to be spent within the 2017 calendar year, unless extenuating circumstances prohibit completion, in which case authorization is required by the Trust to go beyond 2017.*

**Project Summary – What do you hope to accomplish through the project?**

**How does the project fit into the work of your organization:**

**“Community’s Core Values” (defined by the CAST Project):**

- Celebrate inclusion and diversity
- Create opportunities for family activities and youth programming
- Promote environmental sustainability and the preservation of the natural environment
- Celebrate heritage, traditions and culture
- Support healthy communities and active lifestyles; physical, intellectual and creative
- Build knowledge and awareness of the community and its history
- Support the preservation and beautification of community assets

**Describe how the project will make a difference in the community:**

**List community partners and what roles they play in supporting the project:**

**List any in-kind donations of material or equipment:**

**What plans are in place to support this project after the funds have been utilized:**

### **3. COMMUNICATION PLAN**

**How will you communicate your project to the community:**

**Please provide your organization:**

**Website url**

**Facebook:**

**Twitter:**

### **4. EVALUATION**

**How will your organization determine if the goals for the project have been met\*(e.g. ticket sales, event revenue, visitors to the site, website survey):**

*\*The applicant/s will be required to submit a highlights report to the AHT within one month of the event taking place or the completion of the project.*

**5. BUDGET\*:**

*\*The AHT **WILL NOT PAY** for recurring operating costs associated with the day-to-day activities of organizations (e.g. utility bills, salaries, insurance and rent) and **DOES NOT** provide 100% project funding.*

Expenses (list budget item and cost)		Revenue & Funding Sources	
	\$	Organization's Contribution	\$
		Others (list specific funders)	
		In-kind contribution	
		<b>Funding requested from AHT</b>	<b>\$</b>
<b>Total Project Cost:</b>	<b>\$</b>	<b>Total Funding:</b>	<b>\$</b>
		Anticipated Revenue	\$

**6. DOCUMENTS CHECKLIST**

- Completed application form – signed and dated
- List of Board of Directors (or names of project members if not a formal society)
- Organizations financial statement (income and expenses; balance sheet) *\*the annual financial reporting forms required by Registry of Joint Stock Companies are acceptable*
- One quote for the work to be completed *\*Ensure that the quotes support the budget presented*

**7. CERTIFICATION**

**I certify that the information contained in the application is accurate, reflects the full scope of the project and that I have the authority and approval to sign on behalf of the organization.**

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

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

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

**Date:** \_\_\_\_\_