



## POLICY 42

### MUNICIPAL GRANTS POLICY

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1. It shall be the policy of the Municipality of the District of Barrington to have a standard process for providing grants to community, non-profit organizations and charities. The aim is to share available resources throughout the Municipality by supporting volunteer, community based organizations at modest levels. This support is in recognition of the value that these groups provide to the well being and growth of the community and in helping the Municipality retain a strong community focus.
2. Applicants must be incorporated under the Societies Act and must be in good standing with the Registry of Joint Stock Companies.
3. Written applications must be submitted on the attached application form. Financial Statements of the organization must accompany the completed application form.
4. Applicants must be in good standing with the Municipality (no outstanding reports or payments).
5. Only one (1) application can be submitted per organization per funding year.
6. Applicants must own the property/facility for which the application is submitted.
7. Grant applications should demonstrate active fundraising efforts and/or additional funding sources to support the continuation of the program, project or service.
8. Preference will be given to organizations that demonstrate community support, efficient use of resources, sound business practices and develop volunteer knowledge, skills and self reliance.
9. Process:
  - a. Applications are reviewed by the Committee of the Whole Council for eligibility, evaluation and recommendation to Council.
  - b. Council determines the budget for the Municipal Grants Program during Municipal Budget deliberations.
  - c. Council determines all grant levels per organization.

- d. All applicants are notified of Council's decision.
- 10. All grants will be paid in full to the applicant upon approval by Council.
- 11. An advertisement will be placed in the local newspaper for two (2) issues each year informing organizations of the opportunity to apply for a Municipal Grant.
- 12. All grants paid during the fiscal year will be published in the local newspaper during the month of April.

**Approved by Council June 11, 2012.**  
**Amended by Council March 26, 2018.**

**MUNICIPALITY OF BARRINGTON – GRANTS TO ORGANIZATIONS**

**APPLICATION FORM**

NAME OF APPLICANT ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NS REGISTRY OF JOINT STOCKS NUMBER: \_\_\_\_\_

FEDERAL CHARITABLE STATUS NUMBER: \_\_\_\_\_

If you do not have either of the above numbers, provide the name and contact information of the organization that you are affiliated with: \_\_\_\_\_

**1. PLEASE INDICATE THE GRANT AMOUNT FOR WHICH YOU ARE APPLYING:**

\$ \_\_\_\_\_

**2. IF YOU ARE APPLYING FOR FUNDING FOR A CAPITAL PROJECT/PROGRAM/SERVICE, PLEASE LIST ALL SUPPORT THAT HAS BEEN APPLIED FOR (monetary and in-kind):**

FUNDING BODY	REQUESTED	CONFIRMED
<b>FEDERAL GOVERNMENT</b> (List Dept/Agency)	\$ \$ \$ \$	\$ \$ \$ \$
<b>PROVINCIAL GOVERNMENT</b> (List Dept/Agency)	\$ \$ \$	\$ \$ \$
<b>MUNICIPAL GOVERNMENT</b>	\$ \$ \$ \$	\$ \$ \$ \$
<b>OTHER FUNDERS</b>	\$ \$ \$ \$	\$ \$ \$ \$

**3. PLEASE IDENTIFY THE COMMUNITY, AREA AND/OR GROUP(S) YOUR ORGANIZATION SERVES:**

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**4. PLEASE DESCRIBE YOUR ORGANIZATION’S SPECIFIC PROJECT/PROGRAM/SERVICE (if additional space is required, please attach a separate sheet):**

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**5. PLEASE DESCRIBE THE BENEFITS YOUR PROJECT/PROGRAM/SERVICE WILL PROVIDE TO THE COMMUNITY AND/OR MUNICIPALITY:**

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**6. PLEASE ATTACH A COPY OF THE FINANCIAL STATEMENT FOR YOUR ORGANIZATION.**

**7. PLEASE LIST YOUR BOARD OF DIRECTORS OR ORGANIZING COMMITTEE MEMBERS:**

NAME	POSITION	ADDRESS	TELEPHONE

**8. PLEASE ENSURE YOUR SUBMISSION INCLUDES THE FOLLOWING:**

- COMPLETED APPLICATION FORM
- PROOF OF CURRENT REGISTRATION AS A NON-PROFIT OR CHARITABLE ORGANIZATION
- MOST RECENT FINANCIAL STATEMENT
- YOUR ORGANIZATION'S BUDGET FOR THE UPCOMING YEAR OR PROJECT

**9. AUTHORIZATION:**

Application prepared By: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Contact Person)                      Signature                      Print                      DD/MM/YY

Board/Committee: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Signing Officer                      Signature                      Print                      DD/MM/YY

**10. SUBMISSION:**

**MAIL:** MUNICIPALITY OF THE DISTRICT OF BARRINGTON  
GRANTS PROGRAM  
P.O. BOX 100  
BARRINGTON, NS  
BOW 1EO

**EMAIL:** [info@barringtonmunicipality.com](mailto:info@barringtonmunicipality.com)

**DROP OFF:** 2447, Highway #3, Barrington, NS

**ONLINE:** [www.barringtonmunicipality.com](http://www.barringtonmunicipality.com)



