Common Area Rate Application

CONTACT AND ORGANIZATION INFORMATION	
Name of Organization:	

Primary Contact	Name:	Alternate Contact Information:
	Title:	
	Email:	
	Phone:	

Mailing Address:	Civic Address (if different):

Organization's Registration Information (ie: Registry of Joint Stocks of NS, federal charity, or not-for-profit corporation no.)	
Organization's Website and/or Social Media:	
Please list organization's Board of Directors:	
Please declare any conflicts of interest:	

PROJECT DETAILS	
Title of Project, Event, or Initiative:	

Project Start Date:	Project End Date:

Please describe how you will use the funds for your project, event, or initiative:

Please describe how your project, event, or initiative will benefit the community:

PROJECT FINANCIALS	
Amount Requested:	$
Does your organization have a valid bank account to cash a funding cheque?	☐ yes ☐ no
Has your organization applied for or received funding for this project, event, or initiative elsewhere? If so, please describe how much and from where, or if additional funding applications are pending.	☐ yes ☐ no
Please indicate the timeline by which your project, event, or initiative will need funding disbursement. (For instance, will you need all funds upfront? Or will you need a certain amount of funds made available at specific project milestones?)	

** Please attach a detailed budget, including any supporting documentation where applicable and available (ex: quotes, estimates, vendor price lists, etc.).

PROJECT DELIVERABLES	
Do you agree to submit a report upon completion of your project, event, or initiative including a summary of how it was executed, and an outline of how CAR funds were spent?	☐ yes ☐ no
Do you agree to acknowledge the contributions of the MHACCCA-administered Common Area Rate funding for your project, event, or initiative? How do you intend to do this?	☐ yes ☐ no

I declare that the information contained in this application is accurate and complete.

_____   _____

              Signed   Dated