

**Region of Queens Municipality
Recreation and Community Facilities Department
Community Recreation Assistance Program**

Application Form

Name of Organization: _____

Mailing Address: _____

Contact Person: _____

Position in Organization: _____

Mailing Address: _____

Telephone: _____ (Bus.) _____ (Home)

E-Mail Address: _____

Objectives and Purposes of Program: _____

Program Description: (include type of program, area served, number of people involved, location of program, duration of program, and volunteer involvement)

Type of Program: _____

Area Served: _____

Number of People Involved: _____

Location of Program: _____

Program Duration: _____

Volunteer Involvement: _____

Budget:

(A) Expenditures (Explain)

Leadership: _____

Administration _____

Equipment & Material _____

Transportation: _____

Facility Rental _____

Other (List) _____

Total Expenditures

(B) Revenue

Fees or Charges _____

Membership _____

Fundraising _____

Other _____

Total Revenues _____
Total Expenditures – Total Revenues _____
Amount requested from Region of Queens Municipality _____

Additional Comments in Support of Your Application:

I certify that, to the best of my knowledge, the information provided by me in this grant application form is accurate and complete and that the project is endorsed by the organization, which I represent.

Signature: _____ Name (please print): _____

Date: _____

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