Region of Queens Municipality

COMMUNITY INVESTMENT FUND APPLICATION

Submit Applications to: Recreation Department, 249 White Point Road,
P.O. Box 1264, Liverpool, NS B0T 1K0

1. ORGANIZATION'S INFORMATION

NAME: _____

MAILING ADDRESS: _____

_____

CIVIC ADDRESS: _____

E-MAIL: _____

NS REGISTRY OF JOINT STOCK REGISTRY ID #:

_____

2. CONTACT PERSON INFORMATION

NAME: _____

MAILING ADDRESS: _____

_____

PHONE: _____

CELL: _____

E-MAIL: _____

---

3. PLEASE SELECT THE INVESTMENT PROGRAM BEING APPLIED FOR (one per application please):

☐ CAPITAL NEW (complete Section 4 & 11)

☐ CAPITAL UPGRADE (complete Section 5 & 11)

☐ OPERATING (complete Section 6 & 11)

☐ EVENTS (complete Section 7 & 11)

☐ TRAINING (complete Section 8 & 11)

☐ TRAVEL ASSISTANCE (complete Section 9 & 11)

☐ TOURNAMENT ASSISTANCE (complete Section 10 & 11)

---

4. CAPITAL - NEW INFRASTRUCTURE INVESTMENT

_____

FACILITY TO BE CONSTRUCTED:

_____

CIVIC ADDRESS OF CONSTRUCTION:

_____

DATE WORK TO BEGIN: _____

DATE OF WORK COMPLETION: _____

PRE-CONSTRUCTION PICTURES ATTACHED: ☐ YES

TWO QUOTES ATTACHED: ☐ YES

TOTAL COST OF DEVELOPMENT: $_____

FUNDING REQUESTED: $_____

Supporting Documents Required for Capital – New Infrastructure Investment Applications

☐ Description of Capital – New Infrastructure Investment.

☐ Briefly explain the future benefits to be derived from your request and what will improve or be enhanced with any approved municipal funding.

☐ Copy of last year's financial statement, showing all accounts.

☐ Copy of current year's budget, showing all accounts.

☐ Current bank account balance for all accounts at the date of application.

☐ List of other funding sources with approval letters (if available).

☐ Proof of property ownership or long-term lease.

☐ Pre-construction pictures.

☐ Two complete, comparative quotes for all projects included in the application. Quotes must show costs before and after tax, be dated within 90 days of application date and on company letterhead with company name, address, phone, etc.

☐ In-kind contribution form.

Complete Section 11

---

5. CAPITAL UPGRADE – CURRENT INFRASTRUCTURE INVESTMENT

FACILITY TO BE ENHANCED: _____

CIVIC ADDRESS OF FACILITY: _____

DATE WORK TO BEGIN: _____

DATE OF WORK COMPLETION: _____

TOTAL COST OF DEVELOPMENT: $_____

FUNDING REQUESTED: $_____

Supporting Documents Required for Capital – Upgrade Investment Applications

☐ Description of Capital Upgrade- Current Infrastructure Investment.
☐ Briefly explain the future benefits to be derived from your request and what will improve or be enhanced with any approved municipal funding.
☐ Copy of last year's financial statement, showing all accounts.
☐ Copy of current year's budget, showing all accounts.
☐ Current bank account balance for all accounts at the date of application.
☐ List of other funding sources with approval letters (if available).
☐ Proof of property ownership or long-term lease.
☐ Pre-construction pictures.
☐ Two complete, comparative quotes for all projects included in the application. Quotes must show costs before and after tax, be dated within 90 days of application date and on company letterhead with company name, address, phone, etc.
☐ In-kind contribution form.

Complete Section 11

---

6. OPERATING INVESTMENT – ANNUAL DEADLINE

PROGRAM/SERVICE: _____

OF PARTICIPANTS/SPECTATORS: _____

OPEN TO GENERAL PUBLIC: ☐ YES ☐ NO

TOTAL ANNUAL BUDGET OF ORGANIZATION: $ _____

FUNDING REQUEST: $_____

TOTAL CURRENT BANK ACCOUNT BALANCE FROM ALL ACCOUNTS: $_____

Supporting Documents Required for Operating Investment Applications

☐ Description of Operating Investment.
☐ Briefly explain the purpose and future benefits to be derived from your request and what will improve or be enhanced with any approved municipal funding.
☐ Copy of last year's financial statement, showing all accounts.
☐ Copy of current year's budget, showing all accounts.
☐ Current bank account balance for all accounts at the date of application.
☐ List of other funding sources with approval letters (if available).

Complete Section 11

---

7. EVENT INVESTMENT

EVENT TO BE SUPPORTED: _____

LOCATION: _____

DATE(S) OF EVENT: _____

OF PARTICIPANTS/SPECTATORS: _____

OPEN TO GENERAL PULBIC: ☐ YES ☐ NO

TOTAL EVENT COST: $_____

FUNDING REQUEST: $_____

TOTAL CURRENT BANK ACCOUNT BALANCE FROM ALL ACCOUNTS: $_____

See next page for required documents.

Supporting Documents Required for Event Investment Applications

☐ Description of Operating Investment.
☐ Briefly explain the purpose and future benefits to be derived from your request and what will improve or be enhanced with any approved municipal funding.
☐ Copy of last year's financial statement, showing all accounts.
☐ Copy of current year's budget, showing all accounts.
☐ Current bank account balance for all accounts at the date of application.
☐ List of other funding sources with approval letters (if available).

Complete Section 11

---

8. TRAINING INVESTMENT

TRAINING TO BE SUPPORTED: _____
_____

IDENTIFIED NEED FOR TRAINING:

☐ TRAINING LACKING/ EXPECTED TO BE

☐ BENEFICIAL TO CURRENT PROGRAMMING

LOCATION OF TRAINING: _____
DATE(S) OF TRAINING: _____
TOTAL TRAINING COST: $_____
FUNDING REQUEST: $_____

Supporting Documents Required for Individual applications for Training Investment Applications

☐ Description of Training Investment (i.e. Course syllabus).
☐ Briefly explain the future benefits to be derived from your request and what will improve or be enhanced with any approved municipal funding.
☐ Proof of registration fees.

Supporting Documents Required for Organization applications for Training Investment Applications

☐ Description of Training Investment.
☐ Briefly explain the purpose and future benefits to be derived from your request and what will improve or be enhanced with any approved municipal funding.
☐ Copy of last year's financial statement, showing all accounts.
☐ Copy of current year's budget, showing all accounts.
☐ Current bank account balance for all accounts at the date of application.
☐ List of other funding sources with approval letters (if available).
☐ Supporting letter from applying organization stating the names and county of residence of individuals to receive training.

Complete Section 11

---

9. TRAVEL ASSISTANCE INVESTMENT

PURPOSE OF TRAVEL: _____
LOCATION OF TRAVEL: _____
DATE(S) OF TRAVEL: _____
TRAVELERS NAME(S)/TEAM: _____
_____

SANCTIONING BODY: _____
_____
TOTAL TRAVEL COST: $_____
FUNDING REQUEST: $_____

Supporting Documents Required for Travel Assistance Investment Applications

☐ Description of Travel Assistance Investment.
☐ Letter from sanctioning provincial or national governing body.
☐ Outline of travel expenses to be incurred, including any other sources of funding.

Complete Section 11

---

10. TOURNAMENT ASSISTANCE INVESTMENT

TOURNAMENT: _____ DATE(S) OF TOURNAMENT: _____

_____ _____

LOCATION: _____ TOTAL TOURNAMENT COST: $_____

FUNDING REQUEST: $_____

Supporting Documents Required for Tournament Assistance Investment Applications

☐ Description of Tournament Assistance Investment.
☐ Letter from sanctioning provincial or national governing body including any allocation of funding provided.
☐ Complete budget of tournament, including all revenues and expenses.

Complete Section 11

---

11. Funding under this Community Investment Fund is available to all current non-profit organizations located within Queens County that meet this Fund policy requirements. The maximum funding available is contained within the policy, subject to required cost-sharing and annual budget allocation, exclusive of HST.

This application is not a building permit or development permit and the Applicant acknowledges that these approvals must also be obtained prior to carrying out work or hosting events.

Acknowledged: ☐ **YES** ☐ **NO**

Region of Queens Municipality Community Investment Fund applications will be accepted on an on-going basis until all funding available has been committed, excluding Operating Investments which have an established deadline. All approved applications must complete their infrastructure work, events, training, or travel and submit their final report and claim for payment prior to March 31st of the approved fiscal year. Claims submitted after this time frame will not be accepted nor will they be eligible for funding. Approved Operating Investments must submit their final report and claim for payment prior to January 15th of the approved fiscal year.

Acknowledged: ☐ **YES** ☐ **NO**

ACKNOWLEDGEMENT

I confirm that I have read Operational Policy 11 – Community Investment Fund and this application is true to the best of my knowledge and is being submitted in accordance with the policy criteria and no information that may lead to my application being deemed ineligible has been withheld. If approved, I agree to complete the project as proposed and to provide recognition of the Municipality's financial contribution during the construction phase, event, or other appropriate times, and the Municipality may provide the details of this project publicly for promotional purposes without additional payment.

Applicant Name: _____ Signature: _____ Date: _____

RQM OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____

APPLICATIONS COMPONENTS INCLUDED:

- ☐ SIGNED APPLICATION ..... INITIALS: _____
- ☐ PROJECT DESCRIPTION ..... INITIALS: _____
- ☐ DESCRIPTION OF BENEFITS ..... INITIALS: _____
- ☐ PREVIOUS YEAR'S FINANCIAL STATEMENT..... INITIALS: _____
- ☐ CURRENT YEAR'S BUDGET ..... INITIALS: _____
- ☐ CURRENT BANK ACCOUNT BALANCE..... INITIALS: _____
- ☐ LETTER(S) OF APPROVAL ..... INITIALS: _____
- ☐ PROOF OF PROPERTY OWNERSHIP ..... INITIALS: _____
- ☐ PRE-CONSTRUCTION PICTURES ..... INITIALS: _____
- ☐ TWO QUOTES ..... INITIALS: _____
- ☐ OTHER ..... INITIALS: _____
- ☐ IN-KIND CONTRIBUTION FORM ..... INITIALS: _____

PREVIOUSLY FUNDED THIS FISCAL YEAR: ☐ YES ☐ NO

IF YES, FOR WHAT: _____

APPROVED: ☐ YES ☐ NO

CONDITIONS/ REASONS (IF ANY): _____

_____

TOTAL ELIGIBLE COSTS (EXCLUDING HST): $ _____ TOTAL APPROVED: $ _____

TOTAL PROJECT COST: $ _____ % FUNDED: _____

DATE CLAIM PAID: _____ CHEQUE NO: _____

DATE FINAL REPORT SUBMITTED: _____ FINAL PICTURES SUBMITTED: ☐ YES ☐ NO

DATE HOLDBACK RELEASED: _____ CHEQUE NO: _____

SIGNATURE FILE CLOSED: _____

Region of Queens Municipality

COMMUNITY INVESTMENT FUND

CAPITAL INVESTMENT FUND APPLICATIONS

IN-KIND CONTRIBUTION FORM

DONATED LABOUR

All labour rates for in-kind contributions are at a rate of $20.00 per hour.

DONATED MATERIALS

All in-kind materials at receipted cost.

PROJECT/MATERIALS	HOURS	LABOUR RATE	TOTAL	RECEIPTED MATERIAL COST *
		$20.00		
		$20.00		
		$20.00		
		$20.00		
		$20.00		
		$20.00		
		$20.00		
		$20.00		
		$20.00		
		$20.00		
		$20.00		
		$20.00		

***Please attach receipts for donated materials.**