



MUNICIPALITY *of the*
COUNTY *of* KINGS

**Community Recreation Programming Assistance Grant
2024/25 Application**

The Municipality of the County of Kings believes in supporting the work of community organizations through grants to registered non-profit organizations. Council has adopted a [Community Grants Policy](#) which you can find [here](#). Please review the policy for more details about the review and evaluation of applications and the grant awarding process.

The [Community Recreation Programming Assistance Grant](#) assists recreation programming in partnership with other funding. Applications will be considered for programming focused on youth (age 21 and under). Programming costs, part-time staffing or program equipment are permitted expenses. Funds may also be directed at new or established programming, leadership, leisure activities, or group education.

Maximum Assistance Available

Up to 100% of **net** programming costs (expenses *less* revenue), to a maximum 50% of each program cost. Program application cap of \$10,000 for any number of programs.

Funding is available to assist registered non-profit organizations to offer youth programming.

*Adult programming, tournaments, and regional events are not eligible for funding under this program.

Required Documentation (Please check the boxes below)

- Signed copy of the completed grant application;
- Organizations Financial Information – *see Section 5 of the application*;
- Project/Program Budget – *please use the template provided*;
- Additional Supporting material – **optional and will not be returned*

Application Deadline

Applications must be received no later than **May 01, 2024** at 4:30 p.m. via email or hard copy. We encourage you to apply early and seek assistance as required.

Applications must be submitted on this form with all required information by the deadline. It is the sole responsibility of applicants to submit a complete application. Failure to submit a complete application by the deadline will exclude the application from consideration. Please note that submission of a request does not guarantee any funding.

Submission

Please deliver, mail or e-mail your complete application and documents to:	
Mailing Address:	Municipality of the County of Kings Attn: Community Grants 181 Coldbrook Village Park Dr. Coldbrook, NS B4R 1B9
Email Address:	grants@countyofkings.ca

Evaluation

All grant applications are assessed independently by municipal staff after the grant deadlines.

Applications are evaluated based on three main criteria:

Criteria	Considerations
Budget Considerations	Accuracy, level of detail (for planned expenses and income), efforts toward fundraising and securing other funding, reasonability, and financial viability of the project and applicant organization.
Community Impact	Project reach and capacity, extent that it addresses a community need, availability for public to access, added value to residents, degree of cooperation and collaboration between community groups, and contribution of volunteers.
Organizational & Project Effectiveness	Sustainability and viability of the organization and project, efficient use of resources, legacy of the project and applicant organization.

Estimated Timeline for the 2024/25 Community Recreation Programming Assistance Grant

May: Received applications reviewed by Municipality of the County of Kings Grants Administrator

June: Evaluation of all applications to the program by Municipality of the County of Kings staff

June/July: Final grant allocations approved by Municipality of the County of Kings CAO; communication to all applicants, including distribution of cheques for successful grants.

Project Reporting/Accountability

Grant recipients are required to submit a report on the use of municipal funds.

The Policy establishes that accountability requirements are based on the amount awarded (see Section 3.37 of the Policy for more details):

- Awards of \$7,500 or less are required to submit a summary of how the funds were used
- Awards of more than \$7,500 and less than \$30,000 will require proof of actual expenses and payment

Receipt of this report will be a precondition for consideration of the organization's future grant applications.

If you have any questions staff are available to assist you. Please contact the Grants Administrator at your convenience,

E-mail. grants@countyofkings.ca

Phone. 902-690-6191

Section 1 – Applicant Information

Applicant Organization Name	
Primary Contact at Organization	
Organization’s Mailing Address	
Organization’s Physical Address (if different from mailing)	
Daytime Phone Number	
Email Address	

Section 2 – Total Request

Total Amount Requested	
Total amount requested cannot exceed the maximum \$10,000 cap.	

Section 3 – About the Organization

What is the status of your non-profit organization?		Registered with the NS Registry of Joint Stocks as a non-profit club, association, society, or organization. Registry number: _____
		Registered Canadian Charity ID number: _____
		Municipal Government (Town or Village)
		First Nations’ Government
		A school within the County of Kings affiliated with the AVRCE or CSAP
PLEASE NOTE: Awarded funding will be issued to the registered organization named in the Registry of Joint Stocks/Charity information		

<p>Tell us about the Organization. What is your mandate and what are your goals? What type of things does your Organization do?</p>

Section 4 – About the funding request(s)

Please answer the following questions in relation to the programs included in this application:
1. Describe what makes this program needed and the impact it will have on the youth, other residents, and the area. Are there similar programs offered in the area?
2. What does success look like? Can programming be expected to continue annually?
3. Describe the total funding for this programming. In addition to actual funds, is there any collaboration of resources being utilized?

4. Is this programming designed for a specific group or open for general youth participation? Are there any requirements of the youth participating?
5. How is the program advertised to attract participants?

Section 5 – Funding the Initiative

The Municipality requires particular financial information from applicants depending on the amount of the request.	
Requests of \$7,500 or less must provide,	
	1. a report of the organization’s financials (showing all revenues and expenses)
	2. a proposed budget/income statement
Requests of more than \$7,500 must provide,	
	1. a current balance sheet
	2. a proposed budget/income statement

For each individual program you are seeking funding assistance, **complete and submit** a ‘Programming Funding Assistance Request Form’ found attached to this application, using as many as needed. Be sure to include all costs and revenues.

# of completed ‘Programming Funding Assistance Request Form’ attached :	
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Section 6 – Declaration

We are submitting this application for the purpose of obtaining financial assistance from the Municipality of the County of Kings. The statements contained in this application are, to the best of our knowledge, true and correct. We submit that all aspects of this proposed project will comply with existing municipal, provincial, and federal codes, guidelines, orders and laws. We acknowledge that any misrepresentation or misappropriation of funds will result in the grant being revoked.

We understand it is our responsibility, as the applicant, to ensure adherence to any Health Protection Act Orders or other provincial guidelines related to safety and/or gatherings.

We agree to allow representatives of the Municipality of the County of Kings to inspect the site of the project described in this application, to audit the books and records of the applicant, to make inquiries, and to obtain all pertinent information necessary to evaluate this application.

We understand that all or part of this application may be made available to the public in accordance with the federal Access to Information and Protection of Privacy Act and the provincial Freedom of Information and Protection of Privacy Act.

Organization President Name (Printed):	
Organization President Signature:	
Date:	
Organization Secretary/Treasurer/Authorized Member Name (Printed):	
Organization Secretary/Treasurer/Authorized Member Signature:	
Date:	

Programming Funding Assistance Request Form – Complete 1 per program

Program Name	
Program Dates	
Location of Program	
Number of Attendees	
Age range of participants	

Expenses	
Wages	\$
Program equipment and materials	\$
Program insurance	\$
Facility rentals	\$
Other expenses (describe/identify specifics)	\$
	\$
	\$
	\$
(A) TOTAL EXPENSES	\$

Revenues	
Registration fees	\$
Community group contribution	\$
Fundraising	\$
Donations	\$
Other revenues (describe/identify specifics)	\$
	\$
	\$
	\$
(B) TOTAL REVENUES	\$
(C) Difference of Expenses less Revenue (A) - (B) = (C)	\$
Amount requested for this program Max. available = (C)	\$
Maximum Assistance: 100% of net programming costs to a max. of 50% of program cost.	

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