NOVA SCOTIA

RINK REVITALIZATION PROGRAM

APPLICATION

Organization (as appears with NS Registry of Joint Stock Companies):

Mailing Address:

Postal Code:

Joint Stock Registry ID#

Municipality:

Facility Civic Address:

Primary Contact for Project:

Contact Address:

Email:

Telephone (w) (c) (fax)

Project Start Date: Project End Date:

One Line Project Description
(Add detailed project description as an attachment with submission)

Application Check List

Did you attach:

- ☐ Detailed Project Description
- ☐ Response to Review Factors
- ☐ Copy of Deed/Lease for Property
- ☐ Proof of Incorporation, Copy of Constitution, By-Laws and List of Executive Officers
- ☐ Project Budget - *specific information on all projected revenues and expenditures, including in-kind contributions*
- ☐ Municipality Awareness/Acknowledgement of Project Letter
- ☐ Details of HST rebate eligibility, if applicable
- ☐ Copies of permits and reports, where required or applicable – *i.e. needs assessments, lifecycle plans, building/inspection/occupancy permits*
- ☐ Concept or construction drawings, sketches, illustrations and photos, if available

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Total Project Cost *(Attach Cost Breakdown)*	$

Applicant Contribution	**Source**	**Amount**	**Confirmed**
Fundraising		$	☐Y ☐N
Cash on Hand*)*		$	☐Y ☐N
Bank Loans		$	☐Y ☐N
Donated Material		$	☐Y ☐N
Donated Labour		$	☐Y ☐N
Donated Equipment		$	☐Y ☐N
Other (*Specify*)		$	☐Y ☐N
Other (*Specify*)		$	☐Y ☐N
Total Applicant Contribution		$ 0	

Other Funding

Federal		$	☐Y ☐N
Other Provincial		$	☐Y ☐N
Municipal		$	☐Y ☐N
Other (*Specify*)		$	☐Y ☐N
Other (*Specify*)		$	☐Y ☐N
Total Other Funding		$ 0.00	
Total = Applicant Contribution + Other Funding		**$** 0.00	
Grant amount requested from CCTH ***maximum one-third (1/3) of total project cost***		**$**	

Statement by the Applicant:

We certify that the information given in this application represents the proposed budget and activities for this project and that the organization understands the Rink Revitalization Program Guidelines.

Signed				**Date**	
Name (print)		**Position**			
Mailing Address					
Postal Code		**Bus Phone**		**Home Phone**	
Signed				**Date**	
Name (print)		**Position**			
Mailing Address					
Postal Code		**Bus Phone**		**Home Phone**	

Please send to: 80 Walker Street, Suite 1, Truro, NS B2N 4A7
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