

**DEPARTMENT OF COMMUNITY DEVELOPMENT  
COMMUNITY RECREATION ASSISTANCE PROGRAM**

Name of organization / Individual: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number : (H) \_\_\_\_\_ (W) \_\_\_\_\_

1. a) How many members are active in your organization? \_\_\_\_\_

b) Are all members from the Municipality of Clare? Yes \_\_\_\_\_ No \_\_\_\_\_

c) If not, how many are from outside the region? \_\_\_\_\_

2. What age groups does your organization serve? \_\_\_\_\_

3. Location and dates of activity: \_\_\_\_\_

4. Please describe the proposed activity and provide any information that may support your grant application (attach separate sheet if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROJECTED BUDGET**

**A.) Contribution by applicant :** \$ \_\_\_\_\_

**ESTIMATED REVENUE**

Fund raising (specify) :

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Sponsors & Donations :

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Others (please specify) :

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**B.) Total Estimated Revenue** \$ \_\_\_\_\_

**ESTIMATED EXPENDITURES**

Receipt / invoice required for any reimbursement

Registration Fees: \_\_\_\_\_ \$ \_\_\_\_\_

Travel: \_\_\_\_\_ \$ \_\_\_\_\_

Accomodations: \_\_\_\_\_ \$ \_\_\_\_\_

Rentals: \_\_\_\_\_ \$ \_\_\_\_\_

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Others (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**C.) Total Estimated Expenses** \$ \_\_\_\_\_

**PROGRAM BUDGET**

Total Estimated Expenses (C) \$ \_\_\_\_\_

Total Estimated Revenues (A+B) \$ \_\_\_\_\_

Total (C - [A + B]) \$ \_\_\_\_\_

**Grant requested from  
Community Dev. Department** \$ \_\_\_\_\_

**Note:** Properly completed applications will show that the Total Estimated Revenue, plus Grant Requested, will equal the Total Estimated Expenses. Unbalanced requests will be returned to the applicant to be re-submitted.

I certify that the information supplied in this application is, to the best of my knowledge, exact and complete.

If signing on the behalf of your organisation - I certify that the project has received approval of the organization I represent & that I am a designated signing officer.

Signature: \_\_\_\_\_  
 (If applicant is under 18 years of age, parent or guardian must sign)

Date: \_\_\_\_\_



# COMMUNITY RECREATION ASSISTANCE PROGRAM



## PROGRAM OBJECTIVES

- To help offset the cost related to participating in recreation programs for the benefit of residents of the Municipality of Clare.

## FUNDING

- Any **individual** residing in the Municipality of Clare and participating in a special approved recreation program in or outside the municipality, as a participant, can apply for up to \$200.00 per event to assist them with their expenses.
- Any **team or group** from the Municipality of Clare participating in a special approved recreation program in or outside the municipality can apply for up to \$500.00 per event to assist with their expenses.
- Individuals, teams or groups selected, invited or who have won their way to go to a recognized sanctioned event at the Provincial, National or International level can apply for up to \$1,500.00 per event to assist them with their expenses.

## ELIGIBILITY

- Groups or teams must include a list of directors and a financial or bank statement in their application.
- Annual assistance should not be anticipated.

- Financial assistance through the Community Recreation Assistance Program will not be granted as operational funding.
- Any individual, team or group is only eligible for the Community Recreation Assistance Program once every fiscal year (April 1 to March 31).
- If your organization received funding from municipal council grants in the current fiscal year (April 1 to March 31) then you are ineligible to receive funding from this Community Recreation Assistance Program for the same program costs.
- The municipality reserves the right to refuse to grant funding to those owing monies to the Municipality of Clare.

## APPLICATION PROCEDURES

- Applications must be received by the

Application Deadline	Programs occurring in:
March 15	April May June
June 15	July August September
September 15	October November December
December 15	January February March

following quarterly deadlines:

- Applications received after the quarterly deadline may be considered if special arrangements have been done with the Recreation Manager.
- ALL** applicants are required to use the standard grant application form available through the Clare Municipal Department of Community Development.
- To be considered for funding, applications must be received **PRIOR** to the activity.
- Applicants are asked to contact the Recreation Manager prior to submitting their application to confirm eligibility. (Eligibility does not guarantee approval)
- The application review process may take up to 3 weeks after the quarterly deadline.
- Evaluation criteria will include:
  - Application history
  - Fundraising efforts
  - Amount requested
  - Expense review
  - Completeness of application
- ALL** applicants shall be informed in writing of the decision regarding their application.
- The municipality reserves the right to publish the names of successful applicants.

**Send your completed application to:**  
 Recreation Manager  
 Municipality of Clare  
 1185 Hwy 1, Little Brook (N.S.) B0W 1Z0  
 Tel: (902) 769-2031  
 Fax: (902) 769-3713  
 Email: recreation@munclare.ca