Rural Municipality of Eastern Kings
Small Grants Program
Application Form

85 Munns Road, Rte. 301 Kingsboro PE Canada C0A 2B0
T: 902.357.2894 | E: cao.rmek@bellaliant.com

SECTION 1 APPLICANT CONTACT INFORMATION

This application should be completed after reading the RMEK Bylaw to Establish Grant Programs. Personal Information on this form is collected under Section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15-01.

Name (Individual):_____
Print First Name Print Last Name

Name (Organization):_____
Print Full Name of Organization

Address: _____
Street Address *P.O. Box #*

_____
City *Province* *Postal Code*

Phone Numbers: _____ **Email(s):** _____

Legal Name for Cheque Issuing Purposes (if different from above):

Name: _____
Print First and Last Name or Name of Organization

SECTION 2 PROJECT INFORMATION

Title of Project or Event:

Expected Start Date: _____

Expected Completion Date: _____

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PROJECT: DESCRIPTION

Describe all components of the project in detail, including locations

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PROJECT GOALS

Please see the RMEK Grants Bylaw for details on the goals to be met; describe in detail how your project will meet at least two of the stated goals and the degree to which those goals will be addressed. The proposal will be evaluated on this factor to determine eligibility and priority for funding.

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SECTION 3 PROPOSED PROJECT EXPENDITURES

ITEM(S) DESCRIPTIONS:	REVENUE($) Estimates or actuals	COST ($) Estimates or actuals
TOTAL EXPENDITURES:	**$**	**$**

RMEK Small Grant Fund Share requested by applicant: $
Applicant Share: $
(If applicable) **Other Partner(s) Share: $**
(If applicable) **Other Partner(s) Share: $**
TOTAL ELIGIBLE COST: $

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SECTION 4 APPLICANT PROJECT CHECKLIST

The following items must form part of the application:

a. ☐ An accurate description of what the project entails
b. ☐ A signed application form – Section 4
c. ☐ Evidence that the project's cost is accurate; attach estimates or quotes where possible.
d. ☐ Verification of funding for the applicants, co-applicants share or other partner share.
e. ☐ Financial Statement for the last full fiscal year of the organization.

Yes, I have read the Rural Municipality of Eastern Kings Bylaw to Establish Grant Programs and agree to all terms and conditions in the Bylaw.

Yes, I declare that all information contained in and/or attached to this application is true and accurate to the best of my knowledge and that I have the authority to sign on behalf of the Applicant.

_____, _____

Applicant Signature Date

Please return completed application and supporting documents to:

Small Grants Program Committee
Rural Municipality of Eastern Kings
85 Munns Road, Rte. 301
Kingsboro PE C0A2B0

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