

Rural Municipality of Eastern Kings

Small Grants Program Application Form 2024

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

	Print First Name	Print Last Name	
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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 PROJEC	CLEXPENDITURES	
ITEM(S) DESCRIPTIONS:	REVENUE(\$)	COST (\$)
(-)	Estimates or actuals	Estimates or actuals
		_
TOTAL EXPENDITURES:	•	\$
TOTAL EXI ENDITOREO.	P	Þ
RMEK Small Grant Fund Share requested by applicant: \$		
RMER Small Grant Fund Share requested by applicant. \$		
Applicant Chara: \$		
Applicant Share: \$ (If applicable)		
(ii applicavic)		
Other Partner(s) Share: \$ (If applicable)		
Other Partner(s) Share: \$		
Other I arther(5) Share. \$		
TOTAL FLIGIBLE CO	OST: \$	



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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 by April 30th to:

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

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