MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

NON-PROFIT AFFORDABLE HOUSING GRANT APPLICATION FORM

Instructions:

- Use this cover sheet as the first page of your application.
- Please submit all documents from the application checklist prior to the annual submission deadline. Incomplete submissions may delay consideration of your request for funding.
- If you do not have enough space to answer a question, please attach a separate sheet.
- The policy governing the Municipality of the County of Antigonish Non-Profit Affordable Housing Grant program is available on the County's website at www.antigonishcounty.ca or by contacting the Municipality at 902-863-1117.
- Deadline for application is **Friday, October 30, 2026**.
- Please forward complete application to the following address:

  Municipality of the County of Antigonish
  Attn: Non-Profit Affordable Housing Grant
  285 Beech Hill Road
  Beech Hill, NS B2G 0B4
  Or email completed application to: **denise.dunn@antigonishcounty.ca**

APPLICANT CHECKLIST

□ A signed original of your **Non-Profit Affordable Housing Grant Application**
□ Most recent **financial statements**
□ Annual Operating Budget
□ **Provide one of the following:**

- **Proof of current registration as a non-profit or charitable organization** such as NS Registry of Joint Stocks Number or Federal Charitable Status Number.
- If the organization is not incorporated, **a list of the executive, membership, and a brief history** about the organization must be provided with the application.

PART A – APPLICANT INFORMATION

Community group/organization (applicant):	
Contact Name:	Title:
Mailing Address:	Telephone:
	Fax:
	Email:
Website (if applicable):	
NS Registry of Joint Stocks Number (if applicable):	

PART B – PROJECT TYPE

Please choose **one** of the following grants you wish to apply for:

□ **Planning & Pre-Development**
□ **Capacity Building**
□ **Capital**

Amount Requested: _____

PART C – PROJECT INFORMATION

1. **Why are funds being requested? What will they be used for? Please outline the details of the project including the number of units, accessibility features and other relevant details. Please include a site plan if applicable.**

2. **Please describe the benefits your project, program or service will provide to the Municipality of the County of Antigonish and the community.**

3. **Please describe the timeline for your project including key dates and an anticipated completion date.**

4. **Please describe how your organization facilitates or plans to facilitate the development of "affordable housing units" as described in the Non-Profit Affordable Housing Grant Policy (attached).**

PART D – BUDGET SUMMARY

TOTAL PROJECT COST **	**$**

PLANNED EXPENDITURES Itemized list of all costs related to your project, program or service	**AMOUNT**
Material	
Labour	
Equipment	
Other *(Please Specify)*	
Other *(Please Specify)*	
Other *(Please Specify)*	

SOURCES OF REVENUE APPLICANT CONTRIBUTION	**SOURCE**	**AMOUNT**
Fundraising		**$**
Cash on Hand		**$**
Bank Loans		**$**
Donated Material		**$**
Donated Labour		**$**
Donated Equipment		**$**
Other *(Please Specify)*		**$**
Other *(Please Specify)*		**$**
TOTAL APPLICANT CONTRIBUTION		**$**

OTHER FUNDING **(Please note: A-Applied or C -Confirmed)**

Federal		**$**
Provincial		**$**
Municipal (other than County)		**$**
Other *(Please Specify)*		**$**
Other *(Please Specify)*		**$**
TOTAL OTHER FUNDING		**$**
TOTAL APPLICANT CONTRIBUTION		**$**
TOTAL OTHER FUNDING		**$**
TOTAL AMOUNT REQUESTED FROM MUNICIPALITY		**$**

DECLARATION

The information provided on this application form and accompanying documentation is accurate to the best of my knowledge. I hereby give The Municipality of the County of Antigonish authority to verify any and all information pertaining to this application.

Application prepared by:

_____	_____	_____
Signature	***Print Name & Role or Title***	***Date***

Board authorization (*if not prepared by Board*):

_____	_____	_____
Signature	***Print Name***	***Date***

-END-