

SOURCES OF CAPITAL FUNDING: (specify amount and source and whether approved)

Federal (specify): _____

Provincial (specify): _____

Donated Material: _____

Donated Labour: _____

Pledges: _____

Loans: _____

Bank Account or Other: _____

Estimated Total Excluding Grant Requested: \$ _____

Debt repayment: _____

Operations: _____

Other (specify): _____

Estimated Total: \$ _____

******Please note that a written estimate needs to be submitted with the application in order to process your application.******

TOTAL ESTIMATED COST: \$ _____

Applicant's Contribution: \$ _____

Difference: \$ _____

Amount requested from the County of Kings - Maximum 1/2 up to \$5000 \$ _____

 **Deadline for applications:
April 30th of each year**

Total Requested from the County of Kings \$ _____

The undersigned agree and affirm that the hall identified herein:

- (a) () is owned () or leased by the applicant and
- (b) () will be made available to the general public.

The signatures of two community representatives are required:

Signed: _____

Signed: _____

Position: _____

Position: _____



COMMUNITY HALL ASSISTANCE PROGRAM (C.H.A.P.) 2010/2011



Date: _____ Name of Organization: _____

Civic Address of Facility: _____

Contact Person: _____

Position in Organization: _____

Telephone: (H) _____ (O) _____

Mailing Address: _____

Description of project : _____

A. How was the need for this project identified?

B. Who has financial responsibility for the operation of this Hall?

C. Who are the main users of this hall and for what use?

DEVELOPMENT COST ESTIMATES :

Material:

Labour:

Site Work (excavation, drainage, etc.) _____

Concrete work (foundation, walls, etc.) _____

Lumber (studs, plywood, etc.) _____

Steel (storage sheds, etc.) _____

Electrical _____

Plumbing _____

Heating _____

Windows _____

Other (specify) _____

Total Cost Estimate: \$ _____

\$ _____