

AKHK Application for 2024/2025– Eastern Kings

Date:

Project Name / Title:

Organization:

Contact Person:

Mailing Address:

Email: _____ **Telephone:** _____

If approved, when will the project start & end? Start _____ **Finish** _____

Total Funding Requested from AKHK Committee: \$ _____

Funding Terms & Conditions:

1. Groups must recognize the contribution of Active Kids Healthy Kids Eastern Kings
2. Groups must submit a final report within 60 days of project completion OR a project update/request for extension if project cannot be completed as per application request; failure to do so will result in a full return of funds to Active Kids Healthy Kids Eastern Kings and the organization will be ineligible to apply for two fiscal years
3. Groups are eligible to submit one project application per fiscal year

By signing below, I am acknowledging on behalf of my group/organization that we agree to the funding terms and conditions outlined in this application.

Signature: _____

Application Limit: \$750-\$1500

Please complete the budget for your project (on page 2) and answer all of the following questions listed below in your project description (on page 3) to be eligible for application review.

(On page 3) Describe your project, providing as much detail as possible.

Projects are evaluated based on the following criteria:

- Target group and reach (who and how many)
- Goals and objectives (physical activity component required)
- Leadership development/opportunities for youth
- Community partnerships
- New/unique project (not a duplicated service/project)
- Project sustainability
- Appropriate budget request

If you do not receive full AKHK funding, how will you still move forward with this project?

Budget: Please use the attached budget form to submit your budget **and quotes for requested items.**
Please ensure you identify the specific amount requested.

Expenditures	Description	Cost	Notes	
Leadership/Wage Subsidy				
Benefits				
Travel				
Training				
Administration				
Advertisement/Promotion				
Equipment				
Facility/Room/Field Rental				
Childcare				
Other: please list:				
Total Project Cost:	\$			
Revenues	Description	Amount	Applied?	Confirmed?
Municipal Funding				
Provincial Funding				
Federal Funding				
Fundraising				
Donations				
Registrations				
In-kind Leadership/Training				
In-kind Facility/ Rental Cost				
Other: please list				
Total Project Revenue:	\$			
Active Kids Healthy Kids Request	\$			

For additional assistance, please contact your location recreation department:

Kings County: 902-690-6124
 Kentville: 902-679-2539
 Canning: 902-582-2033
 CCTH- CSR 902-943-0815

Wolfville 902-670-5699
 New Minas: 902-698-2048
 Port Williams 902-698-9086
 EKM Health Foundation 902-542-2359

Send completed applications to:

Haley North, Eastern Kings AKHK Chair
haley@canningrecreation.com
 Ph: 902.582.2033 or 902.300.1412

Funding decisions will be made and communicated within 45 days of applications received.

Project Description (refer to page 1 for evaluation criteria)