



# Bay Treasure Chest Association

Honorarium Application Form - \$500.00

Please return the completed application to: [honorarium@baytreasurechest.ca](mailto:honorarium@baytreasurechest.ca)

*Notes: This form can be filled out electronically using the free Adobe Acrobat Reader. When finished, please save it as a different name, then attach the document to your return email. If desired, the form can be printed, filled out by hand, scanned, and emailed. if you have any questions or concerns, contact us by email or at 902-222-8560.*

## **Complete in its entirety as all information is necessary for the approval process.**

*Only organizations & groups outlined in our lottery license may benefit from the Honorarium Program. Areas include HRM District 13, HRM District 12 ( Beechville, Lakeside and Timberlea ) and District 2 of the Municipality of Chester (Hubbards, Fox Point, Mill Cove, Birchy Head and The Lodge; Simms Settlement and Mill Lake) as those districts were defined in 2016.*

## **APPLICATION INFORMATION**

Name of Organization: \_\_\_\_\_

Contact Person (Name & Position): \_\_\_\_\_

Cheque Payable to: (if different than above) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Organization: \_\_\_\_\_

Contact Tel #: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Description of your organization: \_\_\_\_\_

\_\_\_\_\_

Provide specifics on how the funds are **to be used and of service to the community**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you have a Website or Facebook page please list it here:** \_\_\_\_\_

By completing this application, you agree to have 2 people available on a selected Wednesday afternoon between 1:00pm and 4:00pm. (Participants must be at least 16 years old)

Your preferred available date range: From \_\_\_\_\_ To \_\_\_\_\_

If you require additional information, please contact [honorarium@baytreasurechest.ca](mailto:honorarium@baytreasurechest.ca)

Applications will be reviewed quarterly.

BTCA will **NOT** consider funding: a religious/spiritual entity; medical issues; a government operated, public sector organization/institution (i.e. schools, primary healthcare facilities); school trip activities and fundraising; sports teams and/or tournaments; individual sponsorship; or groups already benefitting from BTCA Funds. Please note, prior approval of an organization does not guarantee future approval.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Category: \_\_\_\_\_ Approved: YES \_\_\_\_\_ NO \_\_\_\_\_

Date Booked: \_\_\_\_\_ Date Notified: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Rev. Mar 29 2023