



BTCA Honorarium Application Form

-\$600.00

Unit 1 – 5229 St. Margaret’s Bay Road,
Upper Tantallon, NS, B3Z 4R5

Telephone: 902-222-8560

Email: info@baytreasurechest.ca

Please return the completed application to: 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 at honorarium@baytreasurechest.ca or at 902-222-8560.

Complete this form 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 and position)

Name on bank account

Mailing address:

Location of organization:

Location of organization:

Contact telephone number

If you have a Website or Facebook page please list it here

Brief Description of your organization:

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

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

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 benefiting from BTCA Funds. Please note, prior approval of an organization does not guarantee future approval.

Name

Title

Date

For office use only:

Date Received:

Date Reviewed:

Category:

Approved: YES _____ NO _____

Date Booked:

Date Notified:

Date Confirmed: