MASONIC FOUNDATION OF NOVA SCOTIA

APPLICATION FOR FUNDING UNDER THE ADMINISTERED FUNDS PROGRAM YEAR 20___

1.	Applicant: Lodge or District			
2.	Address:			
		Postal Code		
	Telephone number:	Fax number		
3.	Contact person: Name:	Telephone		
E-Mail:				
4.	Amount of Funding requested: \$			
5.	Purpose for which the funding is being requested:			

(If above space is insufficient please continue on an attachment)

6.	. To whom will the Grant be paid:				
	Name:				
	Address:				
		Postal Code			
	CRA Char (No funds	itable Registration number: s will be granted without a certifiable Charitable F	Registration Number.)		
7.	Total cost	cost of the project for which a grant is being requested: \$			
8.	3. Other sources of funding to assist with the project:				
9. Name of person completing this application:					
	Telephone number				
	E-MAIL:				
10. Signature on behalf of the Applicant:					
	Name:	(please print)	-		
	Signature:	:	Date:		
	If the Applicant is a Lodge, the Application must be signed by the Worshipful Master or the Secretary of the Lodge.				
		applicant is a District, the Application mut t Deputy Grand Master for the District.	st be signed by the		
	All app	olications for the Administrative Funds P	rogram must be		

All applications for the Administrative Funds Program must be submitted to the Grand Secretary's Office no later than December 31st at office@nsmasons.ca.