

# WB Wells Heritage Foundation

## Funding Application

Name of Applicant (Organization): \_\_\_\_\_

Name of Cemetery or Burial Grounds: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Authorized Contact Person(s): \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone #'s - home: \_\_\_\_\_ Cell: \_\_\_\_\_

**(Please note the cemetery must be located in Cumberland County Nova Scotia)**

Ownership of cemetery or burial ground, if known: \_\_\_\_\_

Please supply a copy of any deed, deeds, or other documents showing ownership of the cemetery.

If owned by someone other than the applicant organization, are you interested in obtaining ownership: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is the organization a nonprofit corporate body, incorporated under the Societies Act, the Cemetery Act, or a special Act of the Nova Scotia Legislature: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes**, please indicate under which Act. Also please attach copies of incorporation papers, Articles or bylaws, and a list of Officers, Directors or Trustees.

Is the Organization registered with the Canada Revenue Agency as a charitable organization: Yes: \_\_\_\_\_ No: \_\_\_\_\_

(Please note that all recognized Churches are charitable organizations.)

What is the Business Number: \_\_\_\_\_

**If no**, indicate if you are desirous of becoming incorporated as a nonprofit organization:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please provide the following:

1. copies of any available information on the history of the cemetery.
2. a copy of minutes, indicating that the organization has authorized the contact person, the committee, (if appropriate) and this application to our Foundation.
3. a description of any work done to the cemetery over the past few years.
4. copies of the organizations most recent financial statements, and a description of any funds allocated for the cemetery. If volunteer work has been done at the cemetery, please describe.
5. a good description of the proposed project and include quotes for work not able to be carried out by organization volunteers. Please indicate if the organization can contribute funds for the project, either from their financial resources, or through fund raising.

Is the cemetery still accepting burials, and/or selling burial plots: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**1<sup>st</sup> Signature of Officer:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**2<sup>nd</sup> Signature of Officer:** \_\_\_\_\_ **Print:** \_\_\_\_\_

***Please have this Application signed by two officers of the organization, other than the designated contact person.***

***Please ensure all information is supplied as to not delay your request for funding. Should you have questions please direct to our email below.***

Submit the Application by regular mail to:

**Administrator  
The W.B. Wells Heritage Foundation  
P.O. Box 976  
Amherst, nova Scotia  
B4H 4E1**

or by email to

**wbwellsfoundation@gmail.com**