

Applicant/Name of Trail Group:	
Trail Name / Location	
Project Contact Name:	Title:
Mailing Address:	Postal Code:
Email:	
Telephone:	Alternate #:
<b>Project Description:</b> Describe what maintenance work was done with this grant.	

**ITEMIZE TOTAL COST OF PROJECT**

	Item	Paid To	Receipt/Cheque No.	Amount
A.				
B.				
C.				
D.				
E.				
F.				
<b>Expenditures</b> (Total cost of project) <i>attach additional sheet if needed</i>				\$

Signature #1		Date	
Name (print)		Position	
Signature #2		Date	
Name (print)		Position	

\*Official signing officers for the organization.

**PLEASE SEND TO [CCTHTRAILGRANTS@NOVASCOTIA.CA](mailto:CCTHTRAILGRANTS@NOVASCOTIA.CA)** 80 Walker Street, Suite 1, Truro, NS B2N 4A7

**FOR DEPARTMENT USE ONLY**

**Advanced Amount: \$**

**Amount Due: \$**

**Percentage:**

**CCTH File Number:**

**NOTES:**

**Approver:**

Printed Name

Signature

Date