Municipality of the County of Colchester
Economic Development Grant - Application Form

Please review the attached Economic Development Grants Policy, and provide all the information requested with your application. Applications may be submitted at any time.

Name of Non-Profit Organization _____

Name of Festival or Event _____

Primary Contact Person _____

Daytime phone number (□ Work □ Cell □ Home) _____

Mailing address _____

Fax Number _____ E-mail Address _____

Organization Website _____

Secondary Contact Person _____

Daytime phone number (□ Work □ Cell □ Home) _____

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1. What type of event is your organization hosting?

□ Community Festival

Name of community: _____

□ Event or Festival attracting attendees from outside the County

Attendees travelling from: _____

_____

_____

2. The event is being hosted by an/a:

□ Incorporated Body Incorporation # _____

□ Registered Charity Registered Charity # _____

(Only Incorporated Non-Profits or Registered Charities are eligible to apply.)

3. Dates of the Festival or Event: _____

4. Number of participants expected: _____

5. Amount of funding requested: $_____

Please describe, in detail, the specific use of the funds requested. *Attach additional sheet if needed.*

_____

_____

_____

_____

_____

6. Please check other grants from the Municipality of the County of Colchester, if any, your organization has received in the past five years:

□ Insurance Grant □ Trails Grant □ Tax Exemption

□ Economic Development Grant □ Parks Grant

(over)

7. If your organization received funds last year through this program, please provide a brief update on how you spent the money you received. Include, if applicable, a statement of community impact and/or photos of the event, upgrades, and/or materials. *Attach additional sheet if needed.*

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8. ***(NEW)* Please provide a budget for the event or festival**

   ☐ Budget Attached

I, the undersigned, hereby state that, to the best of my knowledge, all information contained in this application form and any attachments are a true representation of our proposed project.

Printed Name of Representative	Signature of Representative	Position Held in Organization	Date MM / DD / YYY

Please return this form and all requested information by mail, fax or in person to:

Recreation Office
Municipality of the County of Colchester
1 Church St.
P.O. Box 697
Truro, Nova Scotia
B2N 5E7

(Fax) 843-4065

Should you have any questions please contact Craig Burgess at 897-3181 or cburgess@colchester.ca