



Municipality of the County of Colchester
Community Events Grant Program
Application Form

Please review the [Community Events Grants Policy](#) and provide all information requested with your application. Applications may be submitted at any time throughout the year.

Name of Non-Profit Organization: _____
Name of Festival or Event: _____
Primary Contact Person: _____
Daytime phone number (<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home): _____
Mailing address: _____
Fax number: _____ E-Mail address: _____
Organization website: _____
Secondary Contact Person: _____
Daytime phone number (<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home): _____

1. Amount of funding requested: \$ _____

2. What type of event is your organization hosting?

Community festival

Name of community: _____

Event or festival attracting attendees from outside the County of Colchester

Attendees travelling from: _____

3. This event is being hosted by a(n):

Incorporated Body Incorporation #: _____

Registered Charity Registered Charity #: _____

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

4. Dates of the Festival or Event: _____

5. Number of participants/attendees expected:

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

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

- Not for Profit Insurance Grant Trail Grant
 Tax Exemption Park Grant

8. 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 or materials. *Attach additional sheet if needed.*

9. Please briefly outline the economic benefit(s) to the County of Colchester that this grant would provide. *Attach additional sheet if needed.*

10. Please provide a budget for the event/festival.

Budget attached

11. Will your organization be making a presentation to council?

Yes No

(If yes, you will be contacted at the provided number with the date and time of your presentation. Presentations can be a maximum of 10 minutes.)

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 within organization	Date mm/dd/yyyy

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

Recreation Services
Municipality of the County of Colchester
1 Church Street
Truro, Nova Scotia B2N 3Z5
Fax: 902-843-4065

If you have any further questions, please feel free to contact Craig Burgess at:
902-897-3181 or cburgess@colchester.ca