



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

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

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

1. 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: \_\_\_\_\_
  
2. 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.)**
  
3. Dates of the Festival or Event: \_\_\_\_\_
4. Number of participants/attendees 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, that your organization has received in the past five years:

Insurance Grant

Trails Grant

Parks Grant

Tax Exemption

Community Development Grant

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 or materials. *Attach additional sheet if needed.*

---

---

---

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

---

---

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

Budget attached

10. 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