



APPLICATION FORM

# ONE-TIME FUNDING OPPORTUNITIES GRANT

This program is available to non-profit organizations or registered charities that are planning a new festivals and/or events in the Town of Wolfville.

**Please complete the attached form and forward to:**

Department of Parks & Recreation  
Town of Wolfville  
359 Main Street  
Wolfville, Nova Scotia  
B4P 1A1

Phone: (902) 670-0131  
Fax: (902) 542-4789  
Email: [recreation@wolfville.ca](mailto:recreation@wolfville.ca)

## 1) ORGANIZATION INFORMATION

Name of Organization:	_____	
Contact Person:	_____	
Mailing Address/PO Box:	_____	
City:	_____	(Postal Code) _____
E-mail Address:	_____	
Telephone:	_____ (Work)	_____ (Home)
Website Address:	_____	
Social Media Contact:	_____ (Facebook)	_____ (Twitter)
	_____ (Instagram)	_____ (Other)

Is your organization a registered charity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is your CRA Charitable Status Registration Number:	_____	
Is your group a non-profit organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organization registered with Joint Stocks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive funding last year through the CPP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What percentage of this event/program takes place in Wolfville?	_____	



**2) FUNDING REQUEST CALCULATION**

*a) Maximum Funding*

Three levels of funding are provided which reflect projected levels of participation:

<u>Event Participation</u>	<u>Maximum Funding</u>
Less than 500 participants	\$500
500 - 1000 participants	\$1000
1001 - 1500 participants	\$2000
1501 and above	\$5000

*b) Request Calculation*

Total festival or event participation (number of spectators) \_\_\_\_\_

Request to Town \$ \_\_\_\_\_

**3) REQUIRED INFORMATION**

You **MUST** include:

- \_\_\_ a proposed budget for the event.
- \_\_\_ a proposed marketing and risk management plan.
- \_\_\_ where the festival/event is taking place
- \_\_\_ a report outlining the activities of the previous year's festival or event (if applicable) with a breakdown of
  - Where the festival or event participants came from,
  - Profit/Loss statement
  - Marketing plan/Risk management plan

**4) GRANT APPROVAL**

Grant funding is subject to Council's approval of the Community Partnership Program and as a result the Town may not be able to provide amounts requested in a given year.

**5) CERTIFICATION**

I certify that, to the best of my knowledge, the information provided in this application is accurate and complete and is endorsed by the organization which I represent.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date