



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 Community Development
Town of Wolfville
359 Main Street
Wolfville, Nova Scotia
B4P 1A1

Phone: (902) 542 0368
Fax: (902) 542 5066
Email: jcollicutt@wolfville.ca

1) ORGANIZATION INFORMATION

Name of Organization: _____
Contact Person: _____
Mailing Address/PO Box: _____
City: _____ Postal Code: _____
E-mail Address: _____
Telephone: (Work) _____ (Home) _____

Is your organizations a registered charity Yes No

If yes, what is your CRA Charitable Status Registration Number: _____

Is your organization a registered non-profit organization? Yes No

If yes, please provide a Joint Stocks Registration Number: _____



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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 upcoming year
- ___ Year-end financial statement from the previous year or business plan
- ___ a Final Report Form from the previous year (if applicable)
- ___ a report outlining the activities of the previous year's festival or event with a breakdown of
 - Where the festival or event participants came from,
 - Progress to becoming a financially sustainable festival or event,
 - Did

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 _____