



ARENA PROGRAM DEVELOPMENT GRANT

APPLICATION FORM

Date: _____

Name of Organization: _____

Contact Person: _____

Position in Organization: _____ Email: _____

Telephone Number: (h): _____ (w): _____

Civic Mailing Address:

Registry of Joint Stock Number ID: _____

General description of programs to be offered this year:

Will any new programs be started or current programs enhanced as a result of this grant?

NO YES If yes, provide details:

Additional comments to support of your application:

Proposed Budget:

Projected Revenues:

Registration Fees: _____

Facility Rentals: _____

Fund Raising: _____

Donations: _____

Other, (specify): _____

Total Revenue: \$ _____

Projected Expenses:

Part Time Staff: _____

Program Equipment & Material: _____

Program Insurance: _____

Facility Rentals: _____

Other (specify): _____

Total Expenses: \$ _____

Amount Requested from the Municipality \$ _____

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

Signature: _____ Date: _____

Please return completed form to:
donna.macdonald@invernesscounty.ca or mail to:
Donna MacDonald, Director
Inverness County Recreation/Tourism Dept.
375 Main Street, Port Hood, NS B0E 2W0