

Winter Active 2019/2020 Funding Application

To: Community Non-Profit Organizations,

Inverness County Recreation/Tourism Department is currently inviting community non-profit groups to participate in the Winter Active Program. Winter Active is a program established to promote fun physical activities throughout the winter season. It offers funding to community non-profit organization and groups who are planning winter community projects, event and activities. Priority will be given to applications that especially encourage children and youth to enjoy the outdoors this winter season. While we'd like to fund all application, funding is limited and will be issued on a first come first serve basis.

Funding Application Program Criteria

- ✓ Applicants must be a Registered joint stocks charity/ non-profit
- ✓ Organizers must contribute 50% of the overall budget
- ✓ Priority will be given to projects. events and activities that are child & youth-focussed
- ✓ Projects should demonstrate community partnerships
- ✓ Projects, events & activities must occur between December 23, 2019 to March 20, 2020

Application Process

Applications will be accessed based on:

- **Promotion of physical activity during the winter months**
- **Youth focussed activities or family focussed events with something for everyone**
- **Completed application form**
- **Including a detailed and appropriate budget**

Applicants whom are awarded funding will be required to submit a Completion Report which will include a full description of the event, list of expenditures and revenues. Groups must also provide photocopies of all receipts. The Completion Report and receipts must be sent to the Recreation/ Tourism Department on or before April 15, 2020. Failure to submit Completion Report may impact future funding applications.

All funded programs will be included in the Municipality of the County of Inverness's Winter Brochure publication.

Application Deadline: November 15, 2019 Maximum Contribution: \$500.00

How to apply: **Mail:** PO Box 179 375 Main Street Port Hood NS
Email: info@invernesscounty.ns **Fax:** 902- 787-3110
In person: 9:00 am and 4:00 pm Monday to Friday
Municipal Building 375 Main Street Port Hood, B0E 2W0



WINTER ACTIVE APPLICATION

| | | | | |
|---|--|---|--------------------|--|
| Event Administration | | | Date of | |
| Application: / /2020 | | | | |
| Name of Organization: | | | | |
| Registered Non-Profit Number | | | | |
| Organization Contact | | | | |
| Organization Contact Phone | | Organization Contact Email | | |
| Mailing Address | | | | |
| Postal Code | | Municipal District # | | |
| Type of Organization | <input type="checkbox"/> Community Hall Association <input type="checkbox"/> Community Development Association <input type="checkbox"/> Community Group <input type="checkbox"/> Community | | | |
| Event Information | | | | |
| Title of Event: | | | | |
| Proposed Date: | | | | |
| Number of Days: | | Number of Events Planned: | | |
| Cancellation Plan Ex: Reschedule date, move indoors | | | | |
| Number of Expected Attendance | | <u>Focus Demographic</u> <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Family <input type="checkbox"/> Seniors <input type="checkbox"/> Adults | | |
| Community Partners & Contributors | | | | |
| Description of Event | | | | |
| | | | | |
| | | | | |
| Request Municipal Equipment Loan - In-kind | | | | |
| Equipment Type | Quantity | Number of Days | Return Date | |
| Skis: | | | | |
| Boots: | | | | |
| Poles: | | | | |



Winter Active Declaration

I declare that the information supplied in this proposal is accurate and complete. I understand that all information provided in respect of the Winter Active Funding Application will be held electronically and may be made available to other Departments of the Municipality of the County of Inverness as appropriate.

I agree to submit the Completion Report on or before April 15, 2020

It should be noted that the Freedom of Information and Protection of Privacy Act (FOIPOP) applies to all records held by the Municipality of the County of Inverness.

Name (Printed): _____ Signature:

Position: _____ Date:



COMPLETION REPORT

| | | | |
|---|---------------|--------------------------|---------------|
| Due: April 15, 2020 | | | |
| Name of Organization: | | | |
| Registered Non-Profit Number: | | | |
| Organization Contact Person: | | | |
| Phone Number: | | Email: | |
| Title of Event: | | | |
| Please provide a short description of the project and the activities you undertook with the assistance of your funding from Winter Active: | | | |
| | | | |
| Final Budget | | | |
| Expenditure | Amount | Expenditure | Amount |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | Total | |
| Event Funding | | | |
| Type of Funding | Amount | Source of Funding | |
| | | | |
| | | | |
| Event Review – Community Impact | | | |
| 1. Number of people who attend | | | |
| 2. How many youths participated | | | |
| 3. How many activities | | | |
| 4. How many outdoor activities | | | |
| Name: _____ | | Signature: _____ | |
| Position: _____ | | Date: _____ | |