



APPLICATION FOR CITY OF MELFORT
GRANT IN AID ASSISTANCE FOR
REGIONAL, PROVINCIAL OR NATIONAL EVENTS

Please answer all questions completely and provide any additional information, which will give a better understanding of your request. Applications that do not include the necessary information will be returned to the applicant and will only be accepted when the required information is received. (please print)

1. Name of event \_\_\_\_\_

2. Date(s) of event \_\_\_\_\_

3. Name of organization hosting the event \_\_\_\_\_

Non profit incorporation No. \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Mailing address \_\_\_\_\_

4. Contact Person \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Fax \_\_\_\_\_ Cellular \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Fax \_\_\_\_\_ Cellular \_\_\_\_\_ Email: \_\_\_\_\_

5. Venue(s) to be utilized? \_\_\_\_\_

Venue contact person and telephone number \_\_\_\_\_

Has the venue(s) been reserved? \_\_\_\_\_ Yes \_\_\_\_\_ No

Define your facility needs, if they can not be met by a City of Melfort facility.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

6. What is the amount of your grant request? \_\_\_\_\_

7. PROJECTED FINANCIAL DATA: Please ensure all financial detail is provided.

REVENUES: (For Event Only)

Registration Fees \_\_\_\_\_

Fees for Service \_\_\_\_\_

Donations \_\_\_\_\_

Fundraising \_\_\_\_\_

Sponsorship \_\_\_\_\_

Grants [Check ( √ ) if amount is confirmed]

Federal Government ( ) \_\_\_\_\_

Provincial Government ( ) \_\_\_\_\_

City of Melfort ( ) \_\_\_\_\_

Provincial or National Organization ( ) \_\_\_\_\_

Other Revenues \_\_\_\_\_

TOTAL REVENUES \_\_\_\_\_

**EXPENDITURES:** (For Event Only)

Transportation \_\_\_\_\_

Facility Rentals \_\_\_\_\_

Equipment Rentals \_\_\_\_\_

Salaries/Officials \_\_\_\_\_

Trophies and Medals \_\_\_\_\_

Administration/Advertising \_\_\_\_\_

Miscellaneous/Hospitality \_\_\_\_\_

TOTAL EXPENDITURES \_\_\_\_\_

**NET PROFIT/LOSS** \_\_\_\_\_

8. Please include the following information with your application:
- a) A statement of the projected revenues and expenses to host the event.
  - b) An official letter of endorsement from the International, National or Provincial Parent Organization, sanctioning the event.
  - c) Documentation indicating the process used to determine the host community for the event.
  - d) Any other information you feel would support your application.
9. Are any funds contingent upon the receipt of a City of Melfort grant? (If yes, please give full particulars.) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. If the event realizes a profit, where will these funds be allocated?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
11. Please estimate the number of people in each category:
- a) Number of volunteers needed to host the event \_\_\_\_\_
  - b) Number of staff needed to host event \_\_\_\_\_
  - c) Number of competitors \_\_\_\_\_
  - d) Number of out of town visitors \_\_\_\_\_
  - e) Number of days of the event/competition \_\_\_\_\_

We, the undersigned do hereby agree that all information stated within is true and correct.

\_\_\_\_\_  
President/Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary Treasurer

\_\_\_\_\_  
Date