

Application for Support Festival and Special Event Assistance Program

Name of Event:

Presenter (organization or individual):

Organization:

Contact Person: Email:

Phone: Cell:

Mailing Address:

Website:

Event Date(s):

Event Time(s):

Event Location(s):

Expected number of participants: Overall: Peak:

Please provide a brief description of your event (attach additional pages as required):

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Budget:

Please complete the table below or attach a detailed budget showing revenue and expenses.

EVENT EXPENSES	EVENT INCOME
Administration	Ticket Revenue \$ _____
1. Artists/Performers \$ _____	_____ participants x \$ _____ ticket fee
2. Venue Rental \$ _____	Other Revenue/Donations/Sponsorships
3. Administrative \$ _____	1. Corporate/Business \$ _____
4. Equipment Rental \$ _____	2. Clubs/Organizations \$ _____
5. Marketing \$ _____	3. Other Grants \$ _____
6. Supplies \$ _____	4. Other/Misc \$ _____
7. Food \$ _____	City Support Requested
8. Other/Misc \$ _____	5. Cash \$ _____
9. City Staff Costs \$ _____	6. In-Kind \$ _____
Total Expenses \$ _____	Total Revenue \$ _____

Request for Financial Support:

Describe how the City grant will be used in presenting your event:

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Request for In-Kind Support

(please note that the City is unable to provide tables, chairs, or tents)

Applicant to complete column A

City to complete columns B, C, D

A	B	C	D
Item/Venue/Staffing/Other	Fee Waiver	In-Kind Support	Financial Grant
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Totals	\$	\$	\$

By submitting this application, I agree to abide by the terms and conditions outlined in the *Festival and Special Event Assistance Program* and that the information provided in this application is true and accurate at the time of submission.

Signatory Name: Date:

Signature:

The personal information collected on this form is collected, used, retained, disclosed, and disposed of in accordance with the *Freedom of Information and Protection of Privacy Act*. Should you have any questions or concerns about the collection of your personal information, please contact the Information and Privacy Coordinator at 604-469-4571 or foi@portmoody.ca.

This Page Completed by City

Application received on:

This application is for an event that is:

- ☐ established (>3 years) ☐ recently started (<=3 years) Since:
☐ new ☐ has been approved ☐ has not yet been approved

A grant for this event has been awardedtimes previously.

Amounts in the table below are the amount(s) awarded in past years, not the amount(s) requested.

Year					
Fee Waiver	\$	\$	\$	\$	\$
In-Kind Support	\$	\$	\$	\$	\$
Financial Grant	\$	\$	\$	\$	\$
Total Value	\$	\$	\$	\$	\$

Festival and Special Event Assistance Program criteria met: ☐ Yes ☐ No

If no, specify reason:

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Funding Requested: Fee Waiver Value: \$..... (potential lost revenue)

In-Kind Support: \$..... (funding required)

Financial Grant: \$..... (funding required)

Total Value of Support: \$

Total Funding Requested: \$ (In-Kind Support and Financial Grant)

Funding source recommendation:

- ☐ Festival and Special Event Assistance Program Balance Available: \$
- ☐ Other: Combination of the Festival and Special Event Assistance Program and other source.
- ☐ Refer to Finance Committee to determine funding source

Notes:

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