



# MUNICIPALITY OF EAST HANTS

## Tourism Grant Application 2010

**Deadline for applications:**  
**FEBRUARY 1, 2010**

**Return to:**  
JD MacCulloch  
Director, Economic & Business Development

### Municipality of East Hants—Tourism Grant Program

**Objective** - The objective of the Municipal Tourism Grant Program is to assist community organizations with tourism related projects designed to protect and enhance community identity, values and the tourism product.

The total amount of funding available for grants is determined by the budgeted amount approved by East Hants Municipal Council. Individual applications are assessed on their merit and need.



### By Mail:

PO Box 190  
Shubenacadie, NS  
B0N 2H0

### Drop Off:

Municipal Office  
2361 Hwy 2  
Milford, NS

Or

Department of Economic & Business Development  
East Hants Resource Centre, Suite 240  
15 Commerce Court  
Elmsdale, NS

### By E-mail:

kwhite@easthants.ca  
For assistance, please call 1-888-883-4355

### APPLICANT ORGANIZATION INFORMATION

**Project Name:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Project Leader or Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Has your group received a grant in the past?**     Yes     No

**APPLICANT ORGANIZATION INFORMATION CONTINUED....**

How long has the group/organization been operating? \_\_\_\_\_ Years

Number of members? \_\_\_\_\_ Members

Please list the Names of the Executive Committee:

<u>Position</u>	<u>Name</u>	<u>Phone</u>
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President/Chair:

Vice President/Chair:

Secretary:

Treasurer:

Other:

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**PROJECT DESCRIPTION: (Purpose of the Grant Request)**

(Use additional paper if necessary)

For projects—provide type of project, why and how it is being done and location. Identify other funding required in order to complete the project and the expected results from completing the project. Include copies of current financial statement and budget for 2010, as well as minutes for the last meeting where a motion was approved to request the grant. Any additional information with regard to results of last years activities/success stories, ie. Newspaper clippings or photos would be appreciated).

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If the applicant does not own the facility/property for which funds are requested, please indicate the owner and provide proof of authorization to use the property/facility (copy of letter of authorization). Proof of insurance on property/facility must be included for all applications (copy of insurance documents).

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Does the community support the organization/project in general and is it compatible with other community activities? (Use additional paper if necessary)

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(Support can be demonstrated by responses to local fundraising activity, number of volunteers helping out on projects, or letters of support from community leaders/organizations. **YOUR LOCAL COUNCILLOR MUST BE REQUESTED TO SUPPORT THIS APPLICATION.** Please contact him/her and discuss the application with them and request a letter of support to be included with you application).

What is the impact of this operation/project on the local tourism product?  
(Use additional paper if necessary)

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How many local jobs will be created?    \_\_\_ Full time?    \_\_\_ Part time?

Does the project/operation relate to:    \_\_\_ Local Community?    \_\_\_ Regional Tourist?  
    \_\_\_ International Tourist?

How many tourists visited your site last year (2009)? \_\_\_\_\_

Will your organization be requesting additional funding from the Municipality this year?

\_\_\_ Yes    \_\_\_ No

If yes, what program?

\_\_\_ Community Grant    \_\_\_ District Recreation Fund

\_\_\_ Other Grants of Council? Specify \_\_\_\_\_

Does your organization work from a long-range plan or do you plan to develop one in the near future?    \_\_\_ Yes    \_\_\_ No    If yes, please forward a copy with your application

Have you and your organization reviewed the draft East Hants Tourism Strategy? (see www.easthants.ca)  Yes  No

Is your project consistent with the objectives of the draft strategy?  Yes  No

Please indicate what projects your organization considers a priority and over what term?

**PROJECT COSTS:**

**GRANT REQUEST (Under this Grant Program)** \$ \_\_\_\_\_

**Total Operational/Project Cost** \$ \_\_\_\_\_

**Amount Requested from Municipality under other grant programs** \$ \_\_\_\_\_

**Amount Requested from Federal/Provincial sources** \$ \_\_\_\_\_

**Amount from own sources** \$ \_\_\_\_\_

**CHECKLIST FOR INCLUSION WITH YOUR APPLICATION:**

**Proof of Current Registry of Joint Stocks Status**

**A budget for the upcoming year including anticipated revenue and expenses**

**Report of the results of the recent grant and results achieved**

**Most recent financial statement**

**Proof of insurance**

**SIGNATURE OF SIGNING OFFICERS:**

We certify that the information included in this application is accurate.

**President/Chair:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Second Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I certify that I am in support of this application.

**Name of Councillor:** \_\_\_\_\_

**District:** \_\_\_\_\_

**Signature of Councillor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION WITH REQUIRED DOCUMENTS ON OR BEFORE FEBRUARY 1, 2010.**

**THANK YOU.**