



EAST HANTS

# TOURISM GRANT APPLICATION

Address: Box 230, Suite 170, 15 Commerce Court, Elmsdale, NS, B2S 3K5 Phone: (902) 883-3387 Toll Free: 1-866-758-2299

## East Hants Tourism Grant Program - Application Form

Annual Deadline for the applications: February 28

Return to: Department of Parks, Recreation & Culture, Attn: Alana Tapper by drop off or mail. Or email [atapper@easthants.ca](mailto:atapper@easthants.ca).



The purpose of the Tourism Grant Program is to assist community organizations with Tourism related projects designed to protect and enhance community identity, values and the tourism product. Funding will be available to non-profit community based organizations whose purpose is to operate a tourism attraction or facility and whose focus is on attracting visitors from the local, regional, national and international markets.

The objectives of the Tourism Grant Program are to:

1. Build and foster relationships with non-profit community based organizations.
2. Provide funding to non-profit community based organizations to assist with projects related to creating programming, experiences, or products which align with the municipal or provincial tourism strategy and which can reasonably be expected to provide value to visitors and enhance the overall visitor experience. The applicant must identify the specific benefit(s) and outcome(s) that demonstrate this strategic alignment.
3. Provide single-year financial support that assists with development of new products or experiences, with projects related to improvements to visitor services, or operations funding for existing visitor services that align with the municipal or provincial tourism strategy including administrative costs of the organization, including salaries of full-time staff, facilities, equipment, communications, and the direct expenses of day to-day work.

This fund is approved annually by East Hants Municipal Council. A full description of the program is available on our website. The objective of the Municipal Tourism Grant Program is to support the development of tourism destinations, assets and projects in East Hants that will positively impact the experience of visitors and enhance our economic prosperity.

**Eligibility:** See Tourism Grant Policy ([www.easthants.ca/government/council/municipal-grants/](http://www.easthants.ca/government/council/municipal-grants/)) for details. Applications are assessed on their merit and need. Applications received after February 28<sup>th</sup> may be considered if funds are still available.



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## CHECKLIST FOR INCLUSION WITH YOUR APPLICATION:

\_\_\_\_\_ Applicants are required to contact the Tourism Development Officer to discuss their project prior to completing the application. The Tourism Development Officer can provide assistance and advice on your project, and on completing the application.

\_\_\_\_\_ Complete Final Report on previous grants has been submitted

\_\_\_\_\_ Proof of incorporation under the Societies Act

\_\_\_\_\_ Proof of Current Registry of Joint Stocks Status

\_\_\_\_\_ Proof of charitable status under the Income Tax Act (if applicable)

\_\_\_\_\_ Copy of Bylaws of the organization

\_\_\_\_\_ Annual budget for the upcoming year (see details on last page of application form)

\_\_\_\_\_ Most recent annual financial statements

\_\_\_\_\_ Proof of General Liability Insurance

\_\_\_\_\_ Copy of minutes for the last meeting where a motion was approved to request the grant

\_\_\_\_\_ Signature of your local Councillor on this application form

**PLEASE RETURN COMPLETED APPLICATION, WITH ALL REQUIRED DOCUMENTS, ON OR BEFORE FEBRUARY 28<sup>th</sup>**

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## APPLICANT ORGANIZATION INFORMATION

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

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

Contact Name: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

Please list the Names of the Executive Committee:

Position	Name	Phone
President/Chair	_____	_____
Vice President/Chair	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Other	_____	_____
Other	_____	_____

Statement of Objectives, Purpose, and Activities of the group:

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





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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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Please provide evidence of community support for the organization/project and how it is complementary and compatible with other community activities. 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 and request their signature to be included with your application. *(Use additional paper if required)*

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What is the projected impact of this operation/project on local tourism and how does it support the economic development goals of the community. *(Use additional paper if required)*

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How many local jobs will be created this summer?

\_\_\_\_\_ Full time

\_\_\_\_\_ Part time

Does the project/operation relate to:

\_\_\_\_\_ Local Community

\_\_\_\_\_ Regional Visitors

\_\_\_\_\_ International Visitors



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How many people visited your site in the past year? \_\_\_\_\_

Does your organization work from a long-range plan?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please provide a copy with your application.

If no, do you plan to develop one in the near future?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Have you and your organization reviewed the East Hants Strategic Plan and Tourism Strategy?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Please explain how your project is consistent with the Tourism Grant Program, East Hants Strategic Plan, and East Hants Tourism Strategy. (Use additional paper if required)

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**PROJECT COSTS:**

Applicants must attach a detailed annual budget for the organization which clearly shows all anticipated costs and revenues for the organization, and which specifically outlines costs and revenues for items outlined in the grant request.

	Revenues	Expenses
Amount from own sources (fundraising, other revenues, etc.)	\$ _____	
Tourism Grant Request	\$ _____	
Amount Requested from other Municipal grant programs	\$ _____	
Amount Requested from Federal/Provincial sources	\$ _____	
TOTAL Budgeted revenues	\$ _____	
TOTAL Budgeted Expenses for this year		\$ _____

**SIGNATURE OF SIGNING OFFICERS:**

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

President/Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Second Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF COUNCILLOR:**

I certify that I am in support of this application.

Name of Councillor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Councillor: \_\_\_\_\_ Date: \_\_\_\_\_