



ESQUIMALT PARKS AND RECREATION COMMISSION COMMUNITY EVENTS FUNDING APPLICANT INFORMATION FORM

DEADLINE FOR SUBMISSIONS: FEBRUARY 1ST JUNE 1ST OCTOBER 1ST

DESCRIPTION / PURPOSE OF EVENT		
PROPOSED DAY / DATE OF EVENT:	LOCATION:	IS THIS AN ANNUAL EVENT?
		YES / NO

APPLICANT INFORMATION

Name of Community Organization / Group *Cannot be a Registered Business*:

CONTACT PERSON'S INFORMATION

First and Last Name:		Position / Title:	
Suite Number	Street Number	Street Name	
City		Postal Code	Province BC
Day Telephone (250)		Home Telephone (250)	Cell Phone (250)
Email Address		Facsimile	

FUNDING CRITERIA - CIRCLE THE APPLICABLE ANSWER

Please answer the questions below; you must answer yes to all to be eligible.

YES	NO	The Event benefits, and is open to ALL Esquimalt residents, and it occurs within the Municipality of Esquimalt.
YES	NO	The Event is targeted for children and families.
YES	NO	The Event is Free or low cost (being no more than \$2.00 per adult). All proceeds go towards the event being self-sufficient.
YES	NO	The Event is NOT for the purpose of charitable fundraising.
YES	NO	The Event has NOT received any other municipal funding.

IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN:

GOALS OF EVENT – PLEASE OUTLINE YOUR GOALS FOR THIS EVENT

PROJECTED EVENT BUDGET

ITEM DESCRIPTION	BUDGET	IN-KIND
REVENUES (e.g. sale of food)		
EXPENSES (e.g. advertising)		
TOTAL EVENT BUDGET		
TOTAL AMOUNT REQUESTED (Maximum amount \$750 for a first time event and \$500 for a repeat event)		

DECLARATION

I certify that the information on this application is accurate and complete, and I will submit a POST EVENT DISCLOSURE AND REPORT no later than 30 days after the date of this event.

Printed Name of Authorized Representative

Signature

Date

LIABILITY INSURANCE

All groups must provide proof of liability insurance (minimum \$2 Million) to hold events on municipal property. A copy of this insurance, naming the Township of Esquimalt as an additional insured, needs to be submitted two weeks prior to the event date

WHERE TO SEND THIS APPLICATION

Please forward your completed application form with signature to:

Cheryl Weber, Secretary to Parks and Recreation
 527 Fraser St., Esquimalt, BC. V9A 6H6, Fax: 250-412-8529
 Please phone the Community Recreation Coordinator for more information: 250-412-8507

