2025/2026 MARKETING LEVY SPECIAL EVENT RESERVE GRANTS APPLICATION FORM

Signature Events Program

DEADLINE: SATURDAY, NOVEMBER 30, 2025 at 12:00 NOON* *For events that occur after April 1, 2025

STAFF CONTACT: Shari Dillman, Events dillmas@halifax.ca | (902) 497-3729



MLSER Events Grant Programs

Halifax Regional Municipality (HRM) values organizations that attract and host large scale special events within the Municipality that support and promote tourism and business development.

This program's funding source is the Marketing Levy Special Events Reserve (MLSER). The MLSER is funded through the hotel tax that applies to any overnight sleeping establishment. The MLSER's purpose is to fund events that deliver an increase in room nights and economic development within the Municipality.

NON-ELIGIBLE EVENTS

- Private events
- Symposiums
- Political Events
- Tradeshows
- Banquets
- Event held outside HRM

- Seminars
- Conferences
- Professional Training & Development
- Fundraisers
- Marketing Initiatives

ELIGIBLE EXPENSES

Grants may be applied to programing, operating, marketing and promotional expenses. No portion of the grant shall be applied to volunteer bursaries or honoraria; or paid to members or officers of an organization's Board of Directors either directly or indirectly.

PROGRAM INFORMATION

This program supports **large**, **annual tourism events** that have a **minimum budget of \$100,000 and have been in existence for a minimum of five consecutive years**. Additional funding up to a maximum of 10% of the previous year's total grant amount may be considered to support additional programming for an anniversary (quarter century intervals) of the event. Events in this program are scored on number of room nights generated, economic impacts and media exposure. There is no restriction for annual funding from this program. The maximum grant award through this program is \$100,000.

There is one application intake every three years for this program. Please see the below chart for deadline and event date requirements:

| Program | 2025/2026 Deadline | For events that occur after: |
|------------------|-----------------------------|------------------------------|
| Signature Events | Saturday, November 30, 2024 | April 1, 2025 |

SUSTAINABLE FUNDING

This program has the ability to provide, but does not guarantee, sustainable multiple year funding to successful applicants. Applicants may receive up to three-year funding however only one-year funding may be approved at the discretion of Halifax Regional Council.

1. Organization's Information

| Name of applicant organization: | | |
|--|-------------------------|-----------------------------------|
| | | |
| | | |
| Postal code: | | |
| | | |
| Twitter: | | |
| | | |
| Nova Scotia Registry of Joint Stocks N | umber: | |
| OR Canadian Revenue Agency Ident | fication Number: | |
| Main Contact: | Position: | |
| Phone: | Email: | |
| Other person who can answer questi | ons on the application: | |
| Name: | Position: | |
| Phone: | Email: | |
| | | |
| 2. Event Information | | |
| Event Name: | | |
| Event Date(s): | | |
| Event Location(s): | | |
| Access to event: | | |
| Free: | Ticketed: | Combination of free and ticketed: |
| Amount of grant requested: | | |

Please provide a brief description of the event and various activities planned:

Provide a three-year growth plan with milestones for growth in programing and additional funding/sponsorship.

3. Additional Funding Information

Has your event received funding for this event from the Municipality in the last year or previous three years? If so, please describe the amount of funding, program and the year:

Has your organization applied for funding for this event through other funding agencies or other granting body such as the Province of Nova Scotia and/ or the Government of Canada? If so, please provide the funding source, amount of funding and confirmation of funds if applicable:

Is your event celebrating a quarter century milestone (25th, 50th, 75th, etc.) over the next three years? If so, which milestone and in what year?

In the past 3 years has your organization received funding from another program or department with the Municipality? This includes but not limited to funding through the Business Improvement District Rate, Ratepayers Association Rate, Property Tax Relief through Administrative Order 2014-001-ADM, and the various HRM Grant Programs. If so, please list the program(s) and total amount awarded to your organization below.

4. Eligibility Requirements

| Has your event occurred for a minimum of 5 consecutive yea | ırs? |
|--|---|
| Yes: No*: 🗌 | |
| Does your event have a minimum budget of \$100,000 in exp | enses? |
| Yes: 🗌 No*: 🗌 | |
| Does your event occur after April 1, 2025? | |
| Yes: No*: | |
| Is your event solely organized as any of the following? | |
| Conferences | • Tradeshows |
| • Symposiums | Marketing Initiatives |
| Private Events | Political Events |
| • Seminars | • Fundraiser |
| • Banquets | Professional Training & Development |
| Yes*: 🗌 No: 🗌 | |
| Does your organization have any outstanding debt with HRM? payment has been received in full. Explain below. | If yes, applications are not eligible for consideration until |

| Yes*: | No: | | | |
|-------|-----|--|------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* If you have checked this box then you are not eligible for funding.

5. Cultural Content

Provide a brief description of any cultural content programming you plan to include:

6. Volunteers

Please provide an estimate of the number of volunteers and volunteer hours involved in your event:

| Volunteers: | | |
|------------------|--|--|
| | | |
| Volunteer hours: | | |

How will you involve volunteers and your organizational members in the planning and implementation of this event?

7. Proposed Attendance

Using the table below, please break down the estimated attendance attending the event by the geographical location they are travelling from:

| Estimated Attendees* | Local | Other NS | Canada | International |
|---|-------|----------|--------|---------------|
| Participants (athletes, organizing committee, performers, etc.) | | | | |
| Volunteers | | | | |
| Spectators | | | | |
| VIPS (sponsors, government officials, etc.) | | | | |
| Media | | | | |
| Totals Per Category | | | | |
| | | | | Total: |
| Past year's total attendance (<i>if applicable</i>): What method(s) do you use to track attendance and parti | | | | |
| what memorals) do you use to mack anendance and part | | | | |
| Ticket Sales: Survey: | | Other: | | |
| Estimate the number of attendees travelling to HRM to attend the event by way of air travel: | | | | |

8. Marketing

Please describe your marketing strategy. How will the event reach your audience? Campaigns could include radio, outdoor signage, television, emails, print, and digital. Please attach a marketing plan to the application if the space below is not sufficient.

| 🗌 Radio | Email | Live streaming |
|--------------|------------|----------------|
| Digital | Television | Print |
| Social Media | | |
| | | |
| | | |
| | | |
| | | |

Please describe any planned national and/or international television broadcast / online streaming. This does not include media coverage of the event.

9. Inclusivity

What positive actions are you taking towards ensuring your event is reasonably inclusive for all who volunteer, attend or participate in any other form?

10. Room Nights Generated

As highlighted in the application introduction, this program is funded by a hotel levy which aims to support events that generate room nights. Room nights include all overnight establishments. Please calculate accurately. If you need clarification or assistance on this topic, please contact staff as identified.

Four people sharing one room equals one room.

Room Block (Guaranteed Rooms) are the total number of rooms booked with the overnight establishment that the event organization books. This includes rooms for the event staff, contracts, artists, performers, athletes, board members, participants, etc.

Estimated Rooms are the total number of rooms estimated to be booked externally (e.g. by spectators). Estimated Rooms are not included with the Room Block booking.

Number of Nights are the total number of nights that the organization is planning to stay in the overnight establishment.

Total Overall Rooms is calculated based on the total number of rooms booked in the Room Block and the Estimated Rooms combined. The total number of rooms will be multiplied by the total Number of Nights your organization will be staying in the establishment (e.g., if the Room Block is 50 rooms, the Estimated Rooms is 20 rooms, and the total Number of Nights is three nights, the Total Overall Rooms will be 210, which is 70 rooms (50+20) multiplied by three nights.)

| Establishment where Room Block is booked: _ | | | |
|---|---|--|---|
| Room Block (Guaranteed Rooms): | | | |
| Estimated Rooms: | | | |
| Number of Nights: | | | |
| Total Room Nights Generated: | | | |
| | | | |
| 11. Fireworks | | | |
| Do you plan on having a fireworks at your ev | vent? Yes: | : 🗌 🛛 No | o: 🗌 |
| If yes, please visit <u>https://www.halifax.ca/pa</u> Special Events Task Force (SETF) Special Events show. This should include the location, date Application, please indicate what grade of fingrades, please visit: <u>https://www.halifax.ca/f</u> | ent Application with all and time of the firewo fireworks you plan on u | l the details as ork show. Also, using. For more | sociated with your fireworks , on the SETF Special Event e information on fireworks |
| Consumer Fireworks: Displ | lay Fireworks: 🗌 * | Py | yrotechnics: 🗌 * |
| * Permits are required for Display and Pyrotechnic https://www.halifax.ca/fire-police/fire/permits. | | Services link for | r permit information: |

It is the responsibility of the event organizer to provide accurate information on the plans to use fireworks and to be aware of all permits, by-laws and ordinances that impact the use of fireworks within the Halifax Regional Municipality.

12. Event Budget

Please include a detailed line item proposed budget. A sample budget template is offered on Page 10. This template can be used, or a separate budget prepared by your organization. Please indicate whether funding contributions listed as revenues are Confirmed or Pending. **Note**: In-kind expenses are to be included as In-kind Revenue as well.

SUBMISSION INFORMATION

Applicants are asked to please submit via email. Applications should not exceed 10MB in size. The completed electronic fillable PDF application, including electronic signatures and supporting documents can be submitted to Shari Dillman via email to dillmas@halifax.ca.

The deadline for applications to be received is Saturday, November 30, 2025 at 12 Noon.

CHECKLIST

Below is a checklist of information to be included in the application:

Completed and signed application.

Completed detailed proposed event budget. Please indicate whether funding contributions listed as revenues are Confirmed or Pending.

Confirmed financials from last year's event (if applicable).

Financial statements for the most recently completed fiscal year, including a balance sheet (assets, liabilities, equity/debt) and income statement. Financial statements must be signed by an authorized representative of the organization.

List of active board members including executive roles.

List of current staff, indicating which are permanent and which are project-specific or part-time or contract.

Any other relevant support information. Submission of support materials should be concise inclusions with the intent of directly informing the understanding of the proposed event.

STAFF CONTACT

Shari Dillman, Tel: (902) 497-3729, Email: dillmas@halifax.ca

EVENT BUDGET CHART

| Revenue (categories listed are not exhaustive) | \$ Value | \$ In-kind value | |
|--|----------|------------------|--|
| The Halifax Regional Municipality | | | |
| Provincial Government | | | |
| Federal Government | | | |
| Sponsorship | | | |
| Donations | | | |
| Fundraising | | | |
| Tickets/gate | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |
| Sub-total Revenue | \$ | \$ | |
| Total Revenue (combine with in-kind) | \$ | · | |
| Expenses (categories listed are not exhaustive) | \$ Value | \$ In-kind value | |
| Space rental | | | |
| Food & beverage | | | |
| Audio/visual | | | |
| Internet | | | |
| Security | | | |
| Municipal fees (eg: park booking) | | | |
| Municipal fees (eg: street closure) | | | |
| Advertising | | | |
| Administrative | | | |
| Accessibility | | | |
| Insurance | | | |
| Staff (F/T, P/T, contracts) | | | |
| Honorariums | | | |
| Other: | | | |
| Sub-total Expenses | \$ | \$ | |
| Total Expenses combine with in-kind) \$ | | | |
| Event Surplus/Deficit (Total Revenue – Total Expenses) | \$ | | |

ACCESS & PRIVACY

In accordance with Section 485 of the Municipal Government Act (MGA), any personal information collected in this form will only be used by municipal staff and, if necessary, individuals and/or organizations under service contract with the Halifax Regional Municipality for purposes relating to processing application forms for the Marketing Levy Special Event Reserve Grants Program.

If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902.943.2148 or privacy@halifax.ca.

ACCURACY OF SUBMITTED INFORMATION

You acknowledge and agree that the information you provide in this application is, to the best of your knowledge, accurate and truthful. Persons providing false, incomplete or misleading information may, at the Municipality's sole discretion, be required to reimburse any financial contribution made by the Municipality and may be deemed ineligible for future financial contributions.

AUTHORITY & SIGNATURES

This application must be signed by at least one member of the Board of Directors or Organization approved authority (two signature places are provided for those Organizations that require two signatures).

Date:

Signature of Applicant Organization Witness

Name of Applicant Organization Witness

Signature of Applicant Organization Witness

Name of Applicant Organization Witness

Signature of Authorized Representative of Applicant Organization

Name of Authorized Representative of Applicant Organization

Signature of Member of the Board of Directors of Applicant Organization

Name of Member of Board of Directors of Applicant Organization