

STAFF CONTACT:

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HALIFAX

Regional Special Events Grants Programs

The Halifax Regional Municipality values positive community development that celebrates heritage, builds bridges between diverse populations, enriches quality of life for residents and improves civic pride throughout the municipality.

NON-ELIGIBLE EVENTS

- private events
- tradeshows
- seminars
- clinics
- conferences
- political events

- symposiums
- banquets
- sport tournaments
- marketing initiatives
- fundraisers
- consumer shows

- professional training and development
- educational initiatives
- public lectures
- meetings

ELIGIBLE EXPENSES

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

PROGRAM INFORMATION

Provides a maximum grant of \$1,000 and supports organizations that deliver events that:

- i) are organized by a registered non-profit society;
- ii) are less than five days in duration;
- iii) are held within the geographical boundaries of the municipality;
- iv) are organized primarily for the benefit and enjoyment of local residents;
- v) coincide with a community gathering or civic holiday; and
- vi) are free to the public to attend.

There is only one application intake per year for this program. Please see the below chart for deadline and event date requirements:

Program	2025/2026 Deadline	For events that occur after:
Community Celebrations	November 30, 2024	April 1, 2025

1. Organization's Information

Name of applicant organizatio	n:	
Street address:		
PO Box:	City/town:	
Postal code:		
	ocks Number:	
	/ Identification Number:	
Phone:	Email:	
Staff person who can answer a	questions on the application:	
Name:	Position:	
Phone:	Email:	
2. Event Information		
Event Name:		
Event Date(s):		
	eted, combination of free and ticketed):	
Free:	Ticketed:	Combination of free and ticketed:
Provide details:		
Amount of grant requested:		

Please provide a brief description of the event and various activities planned:
Is your event organized celebrating a major quarterly anniversary (i.e. 25, 50, 75) over the next three years? If so, which milestone and in what year?
3. Past Funding Information
Has your event received funding from the municipality for this event in the last three years? If so, note the year and outline the amount of funding you received:
Has your event applied for funding to other funding agencies (e.g. the Province of Nova Scotia, the Government of Canada, etc.)? If yes, please list organization's name, amount applied for and confirmation of funds (if applicable).

4. Eligibility Requirements		
Is your event organized prim	arily for the benefit of residents and free to	the public attend?
Yes: No*:		
Is the duration of your event	less than five days in length?	
Yes:		
Is your event organized by a	registered non-profit society?	
Yes: No*:		
Does your event occur after	April 1, 2025?	
Yes:		
Note: If you have outstanding been paid in full.	any outstanding debt with the municipalit g debts with the municipality, your applicat	y? ion will not be considered until the debt has
Yes*: No:		
	ive funding from another department with ad the grant and what the grant was for.**	the municipality? If yes, outline the amount
Yes**: No:		
Is your event solely organize	d as any of the following?	
Yes*: No:		
• sport tournament	 symposium 	• seminar
• conference	• banquet	 political event
• private event	marketing initiative	• clinic
 tradeshow 	 fundraising event 	

^{*} If you have checked this box, you are not eligible for funding

^{**} Receiving funding from another department does not render you ineligible, however it will be considered when the application is reviewed

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
Estimated attendance: Last year's total attendance (if applicable):
East year o fordramed (if applicable).
8. Advertising
Describe how your organization plans to advertise the event to your community:
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. Fireworks				
Do you plan on having a fireworl	s display at your event?	Yes:	No:	
lf yes, please submit a <u>Special E</u> with your fireworks show. Includ				
Consumer Fireworks:	Display Fireworks: *	Pyr	otechnics: *	
* <u>Permits (through the HRFE)</u> are red	juired for display and pyrotechnic	fireworks.		
It is the responsibility of the event aware of all permits, by-laws and				
SUBMISSION INFO	RMATION			
Applications must be submitted I	y email to: Event Grants Admin	istrator, Shari Dillmo	ın	
Application forms: The completed must not exceed 10MB in size.	l application forms (fillable PDF), electronic signatu	res and supporting	documents,
Deadline: Saturday, November 30), 2024 at noon			
CHECKLIST				
Below is a checklist of information	to be included in the applicatio	n:		
completed and signed ap	plication forms			
completed proposed ever or pending	nt budget – indicating whether	funding contributio	ns and revenues a	re confirmed
onfirmed financials from	a last year's event (if applicable).			
	ne most recently completed fisco d income statement. <i>Note: Final</i> anization			
list of active board memb	ers, including their respective ex	ecutive roles		
list of current staff – notin project-specific, etc.)	g employment status (i.e. full-tir	ne permanent, part	-time, casual, conti	acted,
	nation relevant to your applicati e intent of directly informing the			hould be

PROPOSED EVENT BUDGET

Please include a detailed line-item proposed budget. A sample budget template is offered on Page 9. 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.

Revenue (categories listed are not exhaustive)	\$ Value	\$ In-kind value
Halifax Regional Municipality		
provincial government		
federal government		
sponsorship		
donations		
fundraising		
tickets/gate		
other:		
other:		
other:		
sub-total revenue	\$	\$
total revenue (monetary and in-kind values)	\$	
Expenses (categories listed are not exhaustive)	\$ Value	\$ In-kind value
space rental		
food & beverage		
audio/visual		
internet		
security		
municipal fees (e.g. park booking, etc.)		
municipal fees (e.g. street closures, etc.)		
advertising		
administrative		
accessibility		
insurance		
staff (e.g. F/T, P/T, contract workers, etc.)		
honorariums		
other:		
sub-totaled expenses	\$	\$
total expenses (monetary and in-kind values)	\$	
event surplus/deficit (total revenue – total expenses)	\$	

ACCESS & PRIVACY STATEMENT

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 Regional Special Events 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

Note: places for two signatures are provided below for organizations (if applicable).

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.

This application must be signed by at least one member of the board of directors or organization approved authority.

AUTHORITY & SIGNATURES

Date	-
Signature of first applicant organization witness	Signature of authorized representative of the applicant organization
Name of applicant organization witness (printed)	Name of authorized representative of the applicant organization (printed)
Signature of second applicant organization witness	Signature of a member of the applicant organization's board of directors
Name of applicant organization witness	Name of a member of the applicant organization's board of directors (printed)