



2026/2027 REGIONAL SPECIAL EVENTS
GRANTS APPLICATION FORM

Significant Anniversaries

DEADLINE:
SUNDAY, NOVEMBER 30, 2025*
**For events that occur after April 1, 2026*

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
- tradeshow
- 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 \$10,000 to support organizations that deliver events organized around major quarterly anniversaries (e. g. 25, 50, 75, 100, etc.) that:

- (i) are organized by a registered non-profit society;
- (ii) celebrate Halifax's heritage and community;
- (iii) have a minimum budget of \$7,500; and
- (iv) are not eligible for consideration under any other municipal event grant program.

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

Program	2026/2027 Deadline	For events that occur after:
Significant Anniversaries	November 30, 2025	April 1, 2026

1. Organization's Information

Name of applicant organization: _____

Street address: _____

PO Box: _____ City/town: _____

Postal code: _____

Email: _____ Website: _____

X (Twitter): _____

Facebook: _____ Instagram: _____

Nova Scotia Registry of Joint Stocks Number: _____

OR Canadian Revenue Agency Identification Number: _____

Main contact: _____ Position: _____

Phone: _____ Email: _____

Staff person who can answer questions on the application: _____

Name: _____ Position: _____

Phone: _____ Email: _____

2. Event Information

Event Name: _____

Event Date(s): _____

Event Location(s): _____

Access to event (i.e. free, ticketed, 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. Include a description of the significance of the major quarterly anniversary (e.g. 25, 50, 75, etc.) and the additional programming planned to support this milestone as well as what activities will take place:

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 celebrating a major quarterly anniversary (e.g. 25, 50, 75)?

Yes: ☐ No*: ☐

Does your event celebrate the municipality’s heritage and community?

Yes: ☐ No*: ☐

Is your event organized by a registered non-profit society?

Yes: ☐ No*: ☐

Does your event have a minimum budget of \$7,500 in expenses?

Yes: ☐ No*: ☐

Does your event occur after April 1?

Yes: ☐ No*: ☐

Is your event held within the geographical boundaries of the municipality?

Yes: ☐ No*: ☐

Is your event fourteen days or less in duration?

Yes: ☐ No*: ☐

Does your organization have any outstanding debt with the municipality?

Note: If you have outstanding debts with the municipality, your application will not be considered until the debt has been paid in full.

Yes*: ☐ No: ☐

Does your event receive funding from another municipal event grant program?

Yes*: ☐ No: ☐

Does your organization receive funding from another department with the municipality? If yes, outline the amount of funding, when you received the grant and what the grant was for.

Yes:** ☐ No: ☐

Is your event solely organized as any of the following?

Yes: ☐ No: ☐

- | | | |
|------------------|--------------------|-------------------------|
| • private events | • conferences | • sport tournaments |
| • tradeshow | • political events | • marketing initiatives |
| • seminars | • symposiums | • fundraisers |
| • clinics | • banquets | • consumer shows |

* 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): _____

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 fireworks display at your event? Yes: ☐ No: ☐

If yes, please submit a Special Events Task Force (SETF) Special Event Application with all the details associated with your fireworks show. Including: the location, grade of fireworks, date and time of the firework show

Consumer Fireworks: ☐ Display Fireworks: ☐ * Pyrotechnics: ☐ *

* *Permits (through the HRFE) are required for display and pyrotechnic fireworks.*

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.

SUBMISSION INFORMATION

Applications must be submitted by email to: Event Grant Administrator, Shari Dillman

Application forms: The completed application forms (fillable PDF), electronic signatures and supporting documents, must not exceed 10MB in size.

Deadline: Sunday, November 30, 2025

CHECKLIST

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

- ☐ completed and signed application forms
- ☐ completed proposed event budget – indicating whether funding contributions and 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. **Note:** *Financial statements must be signed by an authorized representative of the organization*
- ☐ list of active board members, including their respective executive roles
- ☐ list of current staff – noting employment status (full-time permanent, part-time, casual, contracted, project-specific, etc.)
- ☐ Any supplementary information relevant to your application – submission of support materials should be concise inclusions with the intent of directly informing the understanding of the proposed event

PROPOSED EVENT BUDGET

Please include a detailed line-item proposed budget. A sample budget template is offered. 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:		
other:		
other:		
other:		
sub-totalled 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

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

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)