

**STAFF CONTACT:** 

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## MLSER Grant Program

Halifax Regional Municipality (HRM) values non-profit 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 establishments. 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

The Distinguished Events program supports one-time large scale events that have a minimum budget of \$50,000 that have high potential for national and international exposure and encourage multiple day visits to the Municipality. The maximum grant award through this program is up to \$75,000. Events in this program are scored on number of room nights generated, economic impacts and media exposure.

There are two application intakes per year for this program. Please see the below chart for deadlines and event date requirements:

Program	2026/2027 Deadline	For events that occur after:
Distinguished Events (1st Intake)	November 30, 2025	April 1, 2026
Distinguished Events (2nd Intake)	May 31, 2026	October 1, 2026

#### 1. Organization's Information

Name of applicant organizat	tion:	
Street address:		
PO Box:	City/town:	
Postal code:		
Twitter:		
Nova Scotia Registry of Joint	Stocks Number:	
OR Canadian Revenue Agen	ıcy Identification Number:	
Main Contact:	Position:	
Phone:	Email:	
Other person who can answe	er questions on the application:	
Name:	Position:	
Phone:	Email:	
2. Event Information		
Event Name:		
Event Date(s):		
Access to event (free, ticketed	d, combination of free & ticketed, etc.):	
Free:	Ticketed:	Combination of free and ticketed:
Amount of grant requested:		

Please provide a brief description of the event and various activities planned:
3. Additional Funding Information
Has your event received funding from the municipality for this event in the last year or previous three years? If so,
please describe the amount of funding and the year:
In the part 2 years has your ensurement or received founding force another present or department with the
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.

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:		
4. Eligibility Requirements		
Does your event have a minimum budget of \$50,0	000 in expenses?	
Yes:		
Does your event occur after April 1, 2026?		
Yes: No*:		
Is your event solely organized as any of the followin	g?	
Conferences	• Tradeshows	
<ul> <li>Symposiums</li> </ul>	<ul> <li>Marketing Initiatives</li> </ul>	
Private Events	<ul> <li>Political Events</li> </ul>	
• Seminars	• Fundraiser	
• Banquets	<ul> <li>Professional Training &amp; Development</li> </ul>	
Yes*:		
Does your organization have any outstanding debt payment has been received in full. Explain below.	with HRM? If yes, applications are not eligible for consideration until	
Yes*:		

 $<sup>^{\</sup>star}$  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

Total:

**Totals Per Category** 

Past year's total attendance (if applicable):			
What method(s) do you use to track attendance and participation?			
Ticket Sales:	Survey:	Other:	
Estimate the number of attendees travelling to HRM to attend the event by way of air travel:			
8. Marketing			
	ion, emails, print, and digital. Please	each your audience? Campaigns could incles attach a marketing plan to the applica	
Radio	☐ Email	Live streaming	
Digital	Television	☐ Print	
Social Media			
Please describe any pla include media coverage		elevision broadcast / online streaming. Thi	is does not
9. Inclusivity  What positive actions at attend or participate in a		event is reasonably inclusive for all who	volunteer,

#### 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 event?  Yes: No:			
If yes, please visit <a href="https://www.halifax.ca/parks-recreation/events/special-events-task-force">https://www.halifax.ca/parks-recreation/events/special-events-task-force</a> and submit a Special Events Task Force (SETF) Special Event Application with all the details associated with your fireworks show. This should include the location, date and time of the firework show. Also, on the SETF Special Event Application, please indicate what grade of fireworks you plan on using. For more information on fireworks grades, please visit: <a href="https://www.halifax.ca/fire-police/fire/fire-prevention-safety/fireworks">https://www.halifax.ca/fire-police/fire/fire-prevention-safety/fireworks</a> .			
Consumer Fireworks:   Display Fireworks:   * Pyrotechnics:   *			
* Permits are required for Display and Pyrotechnic fireworks. See HRM Fire Services link for permit information: <a href="https://www.halifax.ca/fire-police/fire/permits">https://www.halifax.ca/fire-police/fire/permits</a> .			

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 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.

#### 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 Sunday, November 30, 2025.

#### **CHECKLIST**

eic	DW I	s 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	Signature of Authorized Representative of Applicant Organization
Name of Applicant Organization Witness	Name of Authorized Representative of Applicant Organization
Signature of Applicant Organization Witness	Signature of Member of the Board of Directors of Applicant Organization
Name of Applicant Organization Witness	Name of Member of Board of Directors of Applicant Organization