



**Physical Activity Strategy  
Program Funding Assistance  
Application**



Cost Shared Funding Assistance is available to stimulate the development of community based physical activity programs and initiatives in the **Town of Shelburne** and the **Municipality of the District of Shelburne**.

The funding is available to any group or organization that is creating, expanding or improving physical activity opportunities for our residents.

The funding is a one-time only grant; Applicants will not receive funding for the same thing twice. Funding is available up to a maximum of \$500. Applications can be submitted at any time and are subject to review for approval. There is no deadline.

Applications are to be submitted to Adam Dedrick, Physical Activity & Community School Coordinator, office located in the Shelburne Regional High School, 415 Woodlawn Drive. For further info and questions call 875-2831 or email [adedrick@staff.ednet.ns.ca](mailto:adedrick@staff.ednet.ns.ca).

Date: \_\_\_\_\_

Check appropriate box to indicate type of funding request:

- Program/Project (costs such as equipment, rental fees, instructor fees)
- Community Leadership Development (costs such as course/training fees, equipment, travel)

Name of person, group or organization: \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position in organization: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Organization President/Chairperson: \_\_\_\_\_ Phone: \_\_\_\_\_

If applying for **Program/Project** funding please indicate exactly what you are requesting money for (leadership, administration, material/equip, transportation, facility rental, other). Also, provide a description that includes location, duration, objectives and purpose and whether it is a new, existing, or expanded program/project.

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If applying for **Community Leadership Development** funding please indicate exactly what you are requesting money for (course/training, material/equip, travel, accommodations, other). Also include how your training will be used and how it will benefit the community.

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Indicate projected finances for either Program/Project or Community Leadership Development:

<b>Program/Project</b>			
<u>Expenses</u>		<u>Revenue</u>	
Leadership	\$_____	Fees or charges	\$_____
Administration	\$_____	Membership	\$_____
Material/Equip.	\$_____	Fund Raising	\$_____
Transportation	\$_____	Other (indicate)	\$_____
Facility Rental	\$_____	Total	\$_____
Other (indicate)	\$_____		
Total	\$_____		

<b>Community Leadership Development</b>			
<u>Expenses</u>		<u>Your Contribution</u>	
Course/Training	\$_____	Course/Training	\$_____
Material/Equip.	\$_____	Material/Equip.	\$_____
Travel	\$_____	Travel	\$_____
Accommodations	\$_____	Accommodations	\$_____
Other (indicate)	\$_____	Other (indicate)	\$_____
Total	\$_____	Total	\$_____

Amount applying for: \$\_\_\_\_\_

Have you applied for any other types of funding? YES\_\_\_\_ NO\_\_\_\_

If YES, name application:\_\_\_\_\_

Result of application request:\_\_\_\_\_

I certify that the information provided in this application is accurate and complete and that the project is endorsed by the organization I represent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of President/Chairperson (if applicable)

\_\_\_\_\_  
Print Name