



**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.

Date: _____

Check appropriate box to indicate type of funding request:

- Program/Project
- Community Leadership Development

Name of group or organization: _____

Address _____

Phone #: _____

Contact Person: _____

Position in organization: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Organization President/Chairperson: _____

Phone: Home: _____ Work: _____ Cell: _____

Program description (include area served, number of people involved, location, duration, volunteer involvement, whether it is a new, existing, or expanded program):

Objectives and purpose of program:

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

Program/Project			
<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	\$_____		

Community Leadership Development			
<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

Print Name