

5. BUDGET

A. Expenses

Leadership _____
 Administration _____
 Equipment/Material _____
 Transportation _____
 Facility Rental _____
 Other (list) _____

TOTAL EXPENSES

\$ _____

B. Revenue

Fees or charges _____
 Membership _____
 Fund Raising _____
 Other (specify) _____

TOTAL REVENUE

\$ _____

Amount requested from
Shelburne Parks and Recreation Commission

\$ _____



6.

Have you contacted any other government department, agency or association for assistance?

YES ___ NO ___

If YES, Name

Result of Request

7.

I certify that, to the best of my knowledge, the information provided in this application is accurate and complete, and that the project is endorsed by the organization I represent. I agree to submit a financial statement and evaluation concerning this application upon completion of the project/program.

Signature

Name (print or type)

Signature of President/Chairman
(if different from above)

Date

APPLICATION



**Program
Development
Assistance**



**Parks & Recreation
Commission**

The Shelburne Parks and Recreation Commission may provide funding to assist with the development of community activities.

This assistance is available to sport groups, outdoor groups, cultural groups as well as other agencies and associations for the creation, expansion and improvement of recreation opportunities for the people of Shelburne.

The assistance requested should provide for program and leadership development.

The application form will provide an opportunity to describe the program and its objectives as well as requesting detailed financial information.

A financial statement and evaluation concerning the funds applied for must be completed and returned.

For further information, contact:

**Shelburne Parks & Recreation
Commission
P.O. Box 699
Shelburne, NS
BOT 1W0**

Phone 875-3873

**Shelburne Parks & Recreation Commission
Program Development
Application Form**

Date: _____

1. Name of Organization

Address

Telephone

2. Contact Person

Position in Organization

Address

Telephone

Wk _____ Hm _____

3. Objectives and Purpose of Program

4. Program Description:

(Include area served, number of people involved, location of program, duration, volunteer involvement and % of participants who are Town residents, etc.)

Use additional sheet if necessary
