

## Cultural Events Fund Application for Funding

Contact Information			
Name of organization:			
Mailing address:			
Telephone:		Email:	
NAME & CONTACT   Of the Individual responsible for answering application questions and filing a final report.			
Name:			
Position:			
Telephone:			
Email:			
NAME & CONTACT   Of the Individual(s) in your organization with signing authority and who will be responsible for the transfer of funds.			
Name	Position	Phone #	Signing Officer?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Organization Information			
Is the organization incorporated as a non-profit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the incorporation number?			
Is the organization listed with the Canada Revenue Agency as a Registered Charity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the registration number?			
When is your organization's fiscal year end? (YYYY/MM/DD)			

<b>Please provide a brief description of your organization.</b>		
<b>Please provide the number of volunteers and paid staff involved with your organization.</b>		
Volunteers	Full - Time Staff	Part - Time Staff
<b>Event information</b>		
Name of event:		
Event start date:	Event end date:	
Projected number of attendees:	Estimated total cost of the event:	
Is this a recurring event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization previously received Cultural Events Funding?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the event present the work of local artists, artisans and/or historical performers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the community or communities where the event will take place.		
<b>Please list any groups or organizations you plan to partner with for this event.</b>		
<b>Please provide a brief description of the event, including the budget and a list of scheduled events.</b> Attach a separate sheet if needed. Budgets in excess of \$10,000 require a detailed breakdown.		

## Terms and Conditions

### FUNDING

Use only for the purposes specified in the application;

- Notify and secure consent from department if there are any substantial changes to the activities outlined in the application;
- Return any funding not used for the stated purposes of this application;
- Funding is not to pay for any debt by the organization submitting application;
- Where possible, public acknowledgement of the department's assistance is expected; and a standard statement of acknowledgement is available, on request
- Federal and provincial salary laws apply if any, or part of, the grant is used to pay salaries or honoraria, eg deductions for income tax, CPP, etc.
- The spirit and provisions of existing human rights legislation must be respected and applied;
- Under ATIPPA (Access to Information and Protection of Privacy Act), members of the public may request and obtain access to information held in provincial government records:
  - The Department is obligated to consult with the applicant prior to disclosing any information, should a request be received about this grant application and the information contained within;
  - Only personal information and certain third-party confidential financial information may be withheld;
  - Once funding is approved – the funding amount, purpose for which the funds were granted and the organization's name are considered public information.

### Privacy and Confidentiality Notice

We will only use the personal information collected or provided as part of this application process for purposes directly related to the operation of the relevant programs and for statistical reports. Information you provide us in confidence, both personal and business-related, will be kept confidential unless:

- you approve its release, or
- we are required or authorized by laws such as the Access to Information and Protection of Privacy (ATIPPA) Act to release it.

If you have questions regarding privacy and confidentiality, contact the Access and Privacy Coordinator, Department of Tourism, Culture, Arts and Recreation, phone (709) 729-7000 or email [TCAR@gov.nl.ca](mailto:TCAR@gov.nl.ca).

## Declaration and Disclosure

I Declare that:

- the information in this application is accurate and complete
- the application is made on behalf of the organization named (page 1) with its full knowledge and consent
- if financial assistance is provided the organization will submit financial and activity reports and submit to an evaluation of the activity and expenses
- if funding is received by the agency/organization, I understand and agree that:
  - the agency/organization must comply with those terms and conditions set out in section 5 above;
  - this agreement is not binding until signed by an authorized official of the funding department or agency;
  - At the discretion of the funding department or agency, a more detailed agreement may be required before funding is released.
- I have the authority to legally bind the agency/organization.

\_\_\_\_\_  
Name of authorized individual

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please email application to:** [KimPloughman@gov.nl.ca](mailto:KimPloughman@gov.nl.ca)

**Or mail to:** Kim Ploughman, Industry Development Officer  
Department of Tourism, Culture, Arts and Recreation  
PO Box 8700  
St. John's, NL A1B 4J6