

Please provide information on the expenses and revenues of the activity/event on the next page. Attach any additional information that you feel may be important to this request.

EXPENSES	
Leadership	
Administration	
Equipment and Material	
Facility Rental	
Travel	
Fees	
Other (Specify)	
Other (Specify)	
TOTAL (A)	

REVENUES			
Funding Source	Department or Agency Name	Amount Requested	Result of Request
Registration Fees			
Membership Fees			
Fund Raising			
Other (Specify)			
TOTAL (B)			

FINANCIAL SUMMARY	
OVERALL COST (TOTAL A)	
LESS OTHER REVENUE SOURCES (TOTAL B)	
TOTAL REQUESTED FROM THE TOWN OF PICTOU	

I, the undersigned, hereby certify that the information supplied in this application is, to the best of my knowledge, exact and that the activity/event has received the approval of the organization I represent. If the allotted funding is not used for its intended purpose, I agree to ensure the return of the money to the Town of Pictou.

Name

Date

**Please complete and return by March 31, 2025 or at least six weeks prior to start date to:
Town of Pictou, Attn: Community Development Officer, 40 Water St., PO Box 640, Pictou, NS B0K 1H0**