

**GARY BOONE "PHYSICAL ACTIVITY"
LEADERSHIP DEVELOPMENT FUND APPLICATION**

DATE: _____ EVENT DATE: _____

ORGANIZATION: _____

ADDRESS: _____ POSTAL CODE: _____

CONTACT PERSON: _____ EMAIL: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE(HOME): _____ PHONE(WORK): _____ FAX: _____

PLEASE NOTE: The application **MUST** be submitted before the event/activity takes place. Also, individuals are not eligible to apply, only organizations.

PROGRAM DESCRIPTION

Please detail: type of program, area served, number of people involved, location of program, duration of program and volunteer involvement

Please return application to: Gary Boone Physical Activity Leadership Development Fund C/O Denise Fougere, 285 Beech Hill Road, Antigonish, NS B2G 0B4 TEL: (902)863-1141; FAX: (902)863-5751; Email: recreation@antigonishcounty.ns.ca

BUDGET

Expenditures:

Leadership _____
Administration _____
Equipment & Material _____
Transportation _____
Facility Rental _____
Other _____
Other _____
Other _____
Total Expenditures _____

Revenue:

Leadership _____
Administration _____
Equipment & Material _____
Transportation _____
Facility Rental _____
Other _____
Other _____
Other _____
Total Revenues _____

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

Yes No

If yes, please specify _____

Date of application _____

Indicate the result of the request _____

Additional comments in support of your application _____

I certify that, to the best of my knowledge, the information provided by me in this grant application is accurate and complete and that the project is endorsed by the organization which I represent.

Signed

Date

Name (Print)