



**2026-27 Community Festivals & Events Program  
APPLICATION FORM**

This is a fillable form. **PLEASE SAVE THE FILE** to your computer before you begin to complete it. *If you require more space, please include the information in an attached document.*

1. Festival or event name:
  
2. How many years has this festival or event operated?
  
3. Festival or event website:
  
4. What municipal unit does the festival or event take place? Please indicate if it happens in more than one (CBRM, Victoria County, Richmond County, Inverness County or Town of Port Hawkesbury)
  
5. Social Media Links (please provide the festival or event links below):  
FACEBOOK  
TWITTER  
INSTAGRAM  
YOUTUBE  
OTHER
  
6. All **approved** festivals & events will be featured on **VisitCapeBreton.com**. More information will be provided in the Letter of Offer (contract).

Registered Name & Contact Information

Please provide the registered name of the applicant along with the complete contact information.

7. Registered Name (Incorporated, Non-Profit Organization):

8. Joint Stock Registry Number:

9. Address:

10. Contact Person - Name & Title:

11. Contact Person - Phone Number:

12. Contact Person – Email:

Information on Festival or Event

Funding approval and the amount awarded are based on the **criteria** outlined in the Guidelines & Criteria document. In the section below, please describe the visitor experience and explain how your event meets the program criteria. For this call, events must be scheduled by **March 31, 2027**.

13. Please provide a description of the festival or event:

14. How many days is the festival or event?

**Mark only one**

- 1 Day
- 2 to 3 Days
- 4 to 7 Days
- More than 7 Days

15. What are the dates of the festival or event? **Please explain if it happens more than once per year.**

16. What is the estimated attendance?

- Under 50
- 50 to 100
- 100 to 150
- 150 to 200
- Over 200+

17. What percentage of your festival or event attendees are off-island visitors?

18. What type of experiences does your festival or event offer?

19. Who will this event attract? Please be specific: parents with children, families, adults only, music enthusiasts, outdoor adventurers, foodies, athletes, etc.



Requested Funding

The funding amount requested should not exceed the **total eligible costs** outlined in the next section under Projected Budget. Approved funding amount will be based on meeting criteria and the number of applications received for each municipal unit. **Maximum level of assistance for this program is \$7,500.**

24. What is the **OVERALL BUDGET** for your festival or event?
  
25. What is the total **MARKETING** budget?
  
26. What is the total budget for **ARTIST FEES (MUSICIANS)**:
  
27. **REQUESTED AMOUNT:**
  
28. Please explain how this funding program will enhance your festival or event experience and promotion.

**PROJECTED BUDGET**

To be considered for the **2026-27 Community Festivals & Events Program**, the following information on the **Projected Budget** needs to be completed with a detailed breakdown of eligible costs. Please list your proposed budget items (**please use extra paper if needed**).

**EXPENSES**

**ELIGIBLE COSTS (To be used for funding claim):**

Advertising (radio, newspapers, social media ads, etc.)	\$ _____
Printed Materials (brochures, pamphlets, etc.)	
Other Marketing (please specify)	
Rentals & Supplies (please specify)	
Fees for Musicians, Cultural Performers, Artists	
Minor Capital/Equipment	
<b>TOTAL ELIGIBLE COSTS:</b>	<b>\$ _____ (A)</b>

**INELIGIBLE COSTS (Cannot be used for funding claim):**

Food, beverages and food related items	
Human Resources (wages or salaries)	
T-shirts, trophies, medals, etc.	
Other (please specify)	
<b>TOTAL INELIGIBLE COSTS</b>	<b>\$ _____ (B)</b>
<b>TOTAL EXPENSES (A) + (B)</b>	<b>\$ _____ (C)</b>

**REVENUE**

Applicant Contribution	\$ _____
Revenue from Festival/Event	
Fundraising	
Sponsorships	
Other Government Funding	
Loan	
Other	
<b>TOTAL REVENUE</b>	<b>\$ _____ (D)</b>
<b>PROFIT/LOSS (D) – (C)</b>	<b>\$ _____</b>
<b>REQUESTED FUNDING FROM DCB (not to exceed A)</b>	<b>\$ _____</b>

*Submitting the Application Package*

Please submit the completed Application Package by either:

Email: stacey@visitcapebreton.com

Mail: Destination Cape Breton  
PO Box 1448  
Sydney, NS  
B1P 6R7

**Re: 2026-27 Community Festivals & Events Program**

**DEADLINE FOR SUBMISSIONS: MONDAY, MAY 4, 2026 (4PM)**

Please indicate below that you have included all the necessary documents. ***Be sure to keep a copy of the Application Package for your own records.***

- Completed Application Form
- Organization's Financial Statements (most recent)
- Actual Festival or Event Revenue and Expense Statement (from previous years if applicable)