



**2024-25 Community Festivals & Events Program
APPLICATION FORM**

**Before you begin to complete this form, [PLEASE SAVE THE FILE.](#)
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. Festival & Event applicants will be required to **upload your event details to our website - VisitCapeBreton.com**. Please find information on how to do this below:
 - a. **Visit Our Website:** Go to <https://destinationcapebreton.com/submit-your-event>.
 - b. **Fill in the Event Details:** Provide all the relevant information about your event in the form. This includes the event name, date, location and a brief description.
 - c. **Upload Photos or Graphics:** Enhance your listing by uploading high-quality photos that represent your event.
 - d. **Submit for Review:** Once you complete the form, submit it for review. Our team will quickly look over the details and publish it on our event calendar on VisitCapeBreton.com.

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 amount of funding received is based on the following criteria. In the section below, please provide a description of the experiences that visitors will have at the festival or event and how your festival or event meets the program criteria. For this call for applications, the festival or event can be scheduled **up until March 31, 2025**.

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. The maximum funding under this program is **\$7,500**. Approved funding amount will be based on meeting criteria and the number of applications received for each municipal unit.

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 **2024-25 Community Festivals & Events Program**, the following information on the **Projected Budget** needs to be completed with a detailed breakdown of marketing 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.)	\$	
Promotional Materials (brochures, pamphlets, etc.)		
Other Marketing (please specify)		
Rentals & Supplies (please specify)		
Artist Fees (Musicians)		
Minor Capital/Equipment		
TOTAL ELIGIBLE COSTS:	\$	_____ (A)

INELIGIBLE COSTS (Cannot be used for funding claim):

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

REVENUE

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

Submitting the Application Package

Please submit the completed Application Package by either:

Email: stacey@dcba.ca

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

Re: 2024-25 Community Festivals & Events Program

Deadline for Submissions: **Wednesday, May 15, 2024, at 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
- Actual Festival or Event Revenue and Expense Statement (from previous years if applicable)