

# GUYSBOROUGH MUNICIPAL RECREATION APPLICATION FOR ASSISTANCE

*Name of Organization,  
Association or Club* \_\_\_\_\_

*Address:* \_\_\_\_\_  
\_\_\_\_\_

*Contact Person:* \_\_\_\_\_

*Position:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_  
\_\_\_\_\_

**Brief description of program - Please list the following where appropriate:**

*Location of Program:* \_\_\_\_\_

*Duration of Program:* \_\_\_\_\_

*People Involved*  
*ie; ages, etc.* \_\_\_\_\_

*Continuity of Program:*  
*(Years)* \_\_\_\_\_

*Program Leadership Costs:* \_\_\_\_\_

**What benefit will there be for the participants, your organization and or the community?  
How will the program develop leadership in your organization?**

---

---

---

---

# GUYSBOROUGH MUNICIPAL RECREATION APPLICATION FOR ASSISTANCE

**EXPENSES (Anticipated)**

ie; building rental \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**COSTS:**

\$300.00 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

**REVENUE (Anticipated)**

ie; membership dues \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**REVENUES COLLECTED:**

\$100.00 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

Have you contacted any other Government Department, Agency or Association for assistance?  YES  NO

If YES Please Specify: \_\_\_\_\_

Indicate results of such request: \_\_\_\_\_

Amount of assistance requested from the Guysborough Municipal Recreation: \$ \_\_\_\_\_

Additional comments in support of your application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Return Application Form:**

Angie Tavares  
E-mail: [atavares@modg.ca](mailto:atavares@modg.ca)  
Phone: 533-3705 ext.: 238  
33 Pleasant Street, P.O. Box 79 Guysborough, NS,  
B0H1N0

