

City of Dieppe Application Form Events Grant Program

Name of applicant:			
	s: Postal code :		
Telephone:	(h)	(w) E-mail :	
Name of event:			
Dates of event :			
Scope of event (circ	le): PROVINCIAL	ATLANTIC NATIONAL (Please provide a copy of the even	
Does the event take	place in Dieppe?		
How many participa	nts are expected to att	tend?	
Will the event has la	sting value and contri	ibutes to the activity's developm	ent in the community?
	•	organization accredited by the Cornational organization that is no	•
What is your total es	stimated cost for hosti	ng this event:lget, including all revenues and expe	nses, 60 days prior to the even
•	•	f Dieppe this year? (circle) purpose was the grant allocated?	Yes No
Give brief details of	other sources of fund	s you will be receiving, if any: _	
Signature of applica	nt:		
Dated this:	lay of	20	

Revised: 2010