## **Events, Arts & Activations Funding Program**

Before completing the below application, it is recommended that you contact the BIZ office to ensure that funds are available.

Event Name:	
Organization Name:	
Mailing Address:	
Contact Name:	
Phone Number:	
Contact Email:	
Description of Organization:	
Organizer Type:  ☐ Individual ☐ Business ☐ Community Group ☐	Non-Profit 🗆 Other:
Do you, your associates, or the organization stand to directly or coordination of this event? $\ \square$ Yes $\ \square$ No	indirectly benefit financially from the
Event Location:	
Expected Attendance:	
Is the event free to attend?: $\Box$ Yes $\Box$ No	
Event Date(s) & Time:	
Category of Event: □ Arts/Music □ Community □ Family □ Indus □ Market □ Sports □ Other:	try 🗆 Charitable 🗆 Cultural 🗆 Holiday
Event Description:	
Event Objectives:	
Advertising Sponsorship Expense Breakdown (list all applicable)	
Posters and/or Handbills (design, printing, distribution)	\$
Social Media Ads	\$
Radio/TV advertising	\$
Other	\$
Total advertising costs:	\$
Funds Requested:	\$

How will this event contribute neighbourhood? (i.e. how will	•	est Broadway BIZ and the surrounding gy into the neighbourhood?)
How will the West Broadway B	IZ be recognized publich	y for its support of the event?
Will BIZ member businesses be participate?	e invited to participate ir	n the event? If so, will there be a fee to
How does your event demonst	rate economic connecti	vity with BIZ members?
What permits & permissions w	ill you need to obtain fo	or this event?
Will the event be: □ Revenue N	leutral □ Revenue Gene	erating   Self-Funding  For a charitable cause
Is this the first year of this ever	nt? 🗆 Yes 🗆 No	
Please attach any other relevant graphics, other documents related		oplication: promotional materials, event photos or
Authorized Signature:		
I,true and complete.	confirm the state	ements and information in this application are
Date:	Signature:	
Office Use only:		
Approval Date:	Funding Amount:	Signature: