

**TOURISM PEI FESTIVALS
AND EVENTS APPLICATION
FOR FUNDING ASSISTANCE
(2005-06)**

The deadline for application is April 1. You should be as detailed as possible. If you require additional space for responses, please attach another sheet.

Event Name: _____

Date: _____

Location: _____

How many years has this event operated? _____

Name of Applicant/Sponsoring Group/Association: _____

To whom should the cheque be made payable? (Not an individual)

Contact Person: _____

Address: _____

Telephone: (Home) _____ (Business) _____

Please list members of the Executive Committee and their job position(s):

1. What does this festival or event want to portray to the public? (i.e. competition, entertainment, unique theme, etc.) _____

2. What are the specific goal(s) for this year's festival/event?

Goal 1: _____

How will this goal be achieved: _____

Goal 2: _____

How will this goal be achieved: _____

3. Provide a brief description of the program expected to take place: Highlight activities new this year.

4. How is your festival or event going to be promoted? (Please check and name media ie. CBC, CFCY, Journal Pioneer, etc. or submit detailed marketing plan)

_____ T.V. _____ Radio _____ Print (newspapers, magazines, etc.)

_____ Flyers, Posters _____ Visitor Information Centres /Welcome Centres

_____ Public Service Announcements _____ Website

_____ Other (please indicate) _____

Why does your festival or event feel this is the best way to promote? _____

Where will it be promoted? On Island _____ Off Island _____ Both _____

When will the promotion begin? _____

5. What corporate sponsor(s) are you targeting? (Please List) _____

6. What is your estimated attendance: _____ % Islanders _____ % Tourists _____

How do you feel this event encourages tourists to extend their stay in PEI? _____

7. Please attach your pre-established budget. Will your budget project self sufficiency within three years? How? _____

8. Are you receiving or have you applied for any other provincial government grants for this festival or event? _____ If yes, from what Department? _____

9. Amount of assistance requested: \$ _____

Signature: _____

Date: _____

10. Applications **must be accompanied** by **(A)** a pre-established budget including revenues and expenditures proposed including all funding resources and requests; and **(B)** financial statement of the previous year(s) event, certified by the Treasurer. Personal information on this form is collected under authority of the *PEI Freedom of Information and Protection of Privacy Act* for program administration purposes. Questions regarding the collection or use of this information can be referred to the Director of Tourism Development at 902-368-5540.

Please forward applications directly to:

Tourism PEI

PO Box 2000

Charlottetown, PE, C1A 7N8

Tel: 902-368-5530; Fax: 902-368-4438

E-mail: sfokeefe@gov.pe.ca