

**APPLICATION**  
City of Elliot Lake Event Support Program

Event Name: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Organization Requesting Support: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Amount Requested:     \$
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**Instructions:**

Fill out the information in the application using reasonable estimates.  
Note that final payment may be contingent on proof that estimates were achieved.

**Attach a detailed event budget including projected revenue and expenses.**

Submit application and direct questions to:

Karen Makela, Director of Parks and Recreation  
City of Elliot Lake  
45 Hillside Drive North  
Elliot Lake, ON  
P5A 1X5  
Tel: (705) 848-2287 x 2136  
E-Mail: kmakela@city.elliottlake.on.ca

Applications can be dropped off at:  
Parks and Recreation Department Office ( City Hall – 2<sup>nd</sup> Floor )

***Note: Review of applications may take up to 4 weeks.***

For Internal Use Only	
Date Received:	
Review Date:	
Reply Forwarded to Contact:	

Event Details

Event Description:

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Date(s): \_\_\_\_\_

Main Venue(s): \_\_\_\_\_

Other Facilities: \_\_\_\_\_

Has the event been held in Elliot Lake in the past?    YES        NO

Date of last time held in Elliot Lake: \_\_\_\_\_

Is this a sanctioned event?        YES        NO

Sanctioning Body \_\_\_\_\_

Event Impact

Total Participants: \_\_\_\_\_

Non-Resident Participants: \_\_\_\_\_    Resident Participants: \_\_\_\_\_

Origin of Non-Resident Participants:  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Room Nights: \_\_\_\_\_

Target Market: (Demographics and origin of participants)  
\_\_\_\_\_  
\_\_\_\_\_

Marketing and Outreach For Event: (media used, type of ad/listing, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Financial Details

Without City support, would this event occur?            YES            NO

Without City support, will this event lose money?        YES            NO

How much money will the event lose without City support? \_\_\_\_\_

If a surplus is realized, where will it go and what will it be used for?

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

Describe what will be accomplished due to City support:  
(ex. increase prize purse or decreased registration fees will increase competitors,  
marketing will be increased, etc.)

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

When are the funds needed ?  
(i.e. before or after event)

Is this event a fundraiser?            YES        NO

If yes, who will receive the funds raised? \_\_\_\_\_

Will other fundraising activities occur at this event?        YES            NO

If yes, briefly list the activities and the benefiting group.

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

Volunteer hours that will be contributed to event: \_\_\_\_\_

List volunteer groups involved.

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

List any other details of your event that might be useful in considering financial support.  
Use this area to justify estimates provided and funding amount requested.

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