



RM OF FRENCHMAN BUTTE NO. 501  
BOX 180  
PARADISE HILL, SK, S0M 2G0  
Phone: 306-344-2034, Fax: 306-344-4434, Email: rm501@sasktel.net

## Event Hosting Grant Application Form

Please complete this form in full. Include any additional information, documents, articles, or other items that will help Council get a good idea of your project. If you require more space, you can include other pages. Funding is available to a maximum of \$500.00, excluding GST. Event must be located within the R.M. of Frenchman Butte No. 501, Village of Paradise Hill or the Town of St. Walburg. Applications will be reviewed on an ongoing basis.

**Date of Funding Request:** \_\_\_\_\_

### ORGANIZATION

Name of Organization: \_\_\_\_\_

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

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe that misson/goals/purpose of your Organization:

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**Event Date:** \_\_\_\_\_

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

**Briefly describe the Event:**

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**Benefits to the Community:**

**A. Who will benefit from your event? :**

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**B: How many people will benefit?:** \_\_\_\_\_

**Funding Use:**

**Please describe what this grant funding will be used for, including how your event will promote and encourage culture and recreation with the RM of Frenchman Butte No. 501:**

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**EVENT COSTS – itemized expenses:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL EVENT COSTS (a):** \$ \_\_\_\_\_

**Amount being requested from Event Hosting Grant Program:**

(Maximum \$500.00)

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

Application completed by (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Date Received at the R.M. of Frenchman Butte No. 501 Office: \_\_\_\_\_

Receiver Initials: \_\_\_\_\_