Sponsorship
Funding Application Form

Please ensure you use the free Adobe Reader program to complete this form.

Adobe Acrobat Reader

We invite you to contact us before you submit a funding application. Please see our program webpage, or call us at 250-871-7797.

APPLICANT SUMMARY

Applicant Organization (Legal Name)	Date Submitted *(dd mmm yyyy)*
Primary Contact Name	Primary Contact Title
Email	Phone

EVENT SUMMARY

Event Title	
Applicant Organization (Legal Name)	Number of Attendees Expected
Event Date(s)	Event Location

What is your event focused on and who attends?

What are you goals for the event? Specifically, how will your event strengthen the coastal economy?

Impact Focus

Please identify the primary area of impact that your event will focus on.

- ☐ Food Security and Agrifood
- ☐ Entrepreneurs and Local Businesses
- ☐ Cultural and Nature Based Tourism
- ☐ Transportation and Logistics
- ☐ Innovation and Technology
- ☐ Training and Advanced Education
- ☐ Renewable and Low Carbon Energy
- ☐ Regenerative Forestry

How will your event create positive impacts in the focus you selected?

Secondary Impacts

Describe other positive impacts your event will create.

Engagement with First Nations Communities

How have you engaged with First Nations government(s) in the development and hosting of this event?
Is there formalized support from appropriate rights holders, planned partnership(s), and/or inclusion in the event?

Leadership Representation

Is the event being led by an individual from an equity-deserving group?
Equity-deserving groups include, but are not limited to Indigenous Peoples, Black Peoples, and Peoples of Colour, individuals who identify as 2SLGBTQI+, persons with disabilities, and women.

EVENT FUNDING

Funding Source(s):	Type:	Status:	Amount:
Island Coastal Economic Trust			
		Total Other Funding:	$ 0
		Total Event Funding:	$ 0

REQUIRED ATTACHMENTS

Please ensure that each of the following are attached with your complete funding application:

- ☐ Event overview or plan including both a revenue and expenditure budget.
- ☐ Most recent financial statements (audited if available).
- ☐ Letter(s) of support.
- ☐ For first-time non-profit or community-owned company applicants — Constitution, Bylaws, and the society's current list of directors.

AUTHORIZATION

- ☐ I/we certify that the information provided in this Application Form and attached documents are, to the best of my/our knowledge, complete, true, and accurate.
- ☐ I/we authorize the Island Coastal Economic Trust to make any enquiries of persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations operating in our organization's field of activities, to collect and share information with them, as the Trust deems necessary, to reach a decision on this application, to administer and monitor the implementation of the project and to evaluate results after project completion.
- ☐ I/we agree that the information provided in this application form may be shared with the appropriate regional advisory committee(s), Board of Directors, Trust staff and consultants.
- ☐ I/we agree that once funding is approved, any change to the project proposal will require prior approval of Island Coastal Economic Trust.
- ☐ I/we understand that the information provided in this application may be accessible under the Freedom of Information and Protection of Privacy Act (FIPPA).
- ☐ I/we agree to submit reporting materials as required by the Trust, and where required, financial accounting for evaluation of project expenditures.

By entering my name here electronically, I authorize all the above for this application:

Name of Signing Authority for your Organization:	Title:	Date: (mm dd yyyy)