



Lunenburg Regional
FES
 Fire & Emergency Services

Request for Funding

Date of Event:

Agency/Event:

Contact Name: Title:

Contact Agency:

Telephone: Email:

Please give a brief description of the event/item:

Who/What will benefit from this event? How will this benefit? How many people can benefit? (ie. application for support for a training event, will be open to all FFs in Lunenburg County and will benefit them through increased awareness in training etc. The event will be able to take a maximum of 50 people.)

Amount of support being requested (\$\$ CDN): \$

Please check either "Yes" or "No" to the following questions:

	YES	NO
1) Is this request related to fire/emergency services?	<input type="checkbox"/>	<input type="checkbox"/>
2) Is the applicant a member of an agency that is part of LRFES?	<input type="checkbox"/>	<input type="checkbox"/>
3) If an entry fee is to be charged, will there be a lower fee for members of LRFES agencies?	<input type="checkbox"/>	<input type="checkbox"/>
4) Is a budget attached with application that shows zero profit?	<input type="checkbox"/>	<input type="checkbox"/>
5) If support was provided for previous years, has a financial statement for previous years been attached to application?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has support been solicited from other avenues?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, who else:

Signature of Applicant: _____ Date: ____/____/____

Not all applications will be approved. LRFES reserves the right to accept/reject/modify any and all completed applications. Additional notes/comments can be attached to the application for further info. Also if successful a financial statement must be submitted to LRFES within 60 days of the event to show total profit/loss.