

**REGION OF QUEENS MUNICIPALITY**  
**VOLUNTEER TRAINING GRANT**

**APPLICATION FOR FINANCIAL ASSISTANCE**

Name of Applicant: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (Work)

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

Please provide details on what the development or volunteer training program will consist of. (Please include place, accommodations, clinic/workshop, registration fees, and other costs.)

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Who will benefit from this training opportunity? (ie: individual, team, organization, community)

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As accurately as possible, please provide where the funding assistance will be used, and what you or your organization is contributing.

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**Expenses:**

Registration Fees: \_\_\_\_\_

Rentals: \_\_\_\_\_

Clinic/Workshop: \_\_\_\_\_

Travel: \_\_\_\_\_

Meals: \_\_\_\_\_

Accommodations: \_\_\_\_\_

Equipment: \_\_\_\_\_

Leadership: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Expenses:** \_\_\_\_\_

**Revenues:**

Registration Fees: \_\_\_\_\_

Donations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grants: \_\_\_\_\_

\_\_\_\_\_

Fundraising: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Total Revenue:** \_\_\_\_\_

**Amount being requested from the Region of Queens Municipality:**

\$ \_\_\_\_\_ (\*Must not be more than expenses minus revenues)

I certify that the above information is accurate to the best of my knowledge and understand that giving false information may disqualify me from receiving any funding assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**Please return to:**

**Recreation and Community Facilities Department  
Region of Queens Municipality  
PO Box 1264  
249 White Point Road  
Liverpool, NS B0T 1K0**

**Fax: 354-7473**

**Email: [info@regionofqueens.com](mailto:info@regionofqueens.com)**