



Community Enrichment Program Application Form

For Office Use Only:

Organization Name: _____

Date Received: _____

Request Received By: _____

Response Due By: _____

Requested Value/Amount: _____

Please allow **up to 4 weeks** for completion of this request. A Casino representative will contact you when your donation is ready for pick - up.

Thank you!

Organization Description

Name of Organization: _____

Registered Name: _____

Registration Number: _____

Complete Mailing Address Including Postal Code: _____

Contact Person Name & Title: _____

Contact Phone Number(s): Bus. () _____ Res.() _____

Fax #: _____ Email Address: _____

Website Address: _____

Type of organization:

_____ Corporation

_____ Not-for-Profit (Registered: YES _____ NO _____)

_____ Individual

_____ Other, _____

Year Local Organization Established: _____

Geographic Area Served: _____

National/Provincial/Local Affiliations: _____

Briefly Describe Organization and Its Purpose: _____

Uniqueness of Organization & Programs: _____

Project Description

Nature of the Project for Which You are Requesting Assistance: _____

Annual /Established event? (How Many Years): _____

What Type of Assistance Are You Requesting? (Financial, Goods or Services)
(Please be specific re: requested dollar amounts, #'s of decks of cards, or types of goods or services)

Sponsorship/Donation Response Required By (Date): _____

Goals Of This Project: _____

How Do You Believe The Goals of Your Event/Project Relate to Casino Nova Scotia:

Duration & Dates of Project: _____

Location Where Project Will Take Place: _____

If project is an outdoor event, is there an alternate venue/date for inclement weather?

Yes _____ No _____

Will project involve spectators/participants under the age of 19? (If YES, Estimated Number & Age Range):

(Please describe event)

Media Coverage Description:

Is Advertising Planned?

____ NO YES ____ (if YES, please be specific)

Will Casino Nova Scotia be included in Media or Advertising?

____ NO YES ____ (If YES, please describe how Example: 10,000 brochures, 100 posters, 2 billboards, announcement at event, 50 commercials & which media outlets and campaign dates, logo on tickets, newspaper photo opportunity, website link, etc.)

Other Media Coverage Planned: _____

Approximate Advertising Budget: _____

Please List the Various Levels of Sponsorship, and Sponsorship Package Descriptions, if applicable: _____

Does Sponsorship include "Exclusivity" to Product Categories? (Please Explain)

Is There an Opportunity for Casino Nova Scotia Representatives to Speak to Those Attending / Provide Coupons / Prize Draws, etc: Prior to the Event?

What is the Cost of Admission to the Event? _____

Ticket Sale Locations: _____

Will you be collecting names and addresses of spectators/participants for future mailings?

____ NO YES ____ (If YES, please elaborate)

Financial Information

Please Provide a Total Estimated Budget for this Project. (If Applicable) _____

Does your Project/Event Generate Revenue? _____

Recipient of Project Revenue or Profits? _____

Percentage Of Event Revenue That Goes to Fundraising & Administrative Cost?

Will an Income Tax Receipt be Supplied?

YES _____ (If YES, please state percentage) NO _____

Casino Nova Scotia reserve the right to request copies of audited financial statements of the organization receiving assistance or of the specific project, event, or program that we have supported for two years following the date of the contribution.

Casino Nova Scotia reserve to right to adjust or revoke the Community Enrichment Program without prior notice.

Please Return Completed Applications Forms to:

**Casino Nova Scotia Halifax
Community Enrichment Program
C/o Donations – Coordinator
Executive Offices
1983 Upper Water Street,
Halifax, Nova Scotia B3J 3Y5
Fax: 902-428-7846**

**Casino Nova Scotia Sydney
Community Enrichment Program
C/o Sponsorships/Donations Coordinator
Executive Offices
525 George Street
Sydney, Nova Scotia B1P 1K5
Fax: 902-563-7776**

Thank you for your interest in the:

**Casino Nova Scotia
Community Enrichment Program**