

GARY BOONE "PHYSICAL ACTIVITY" LEADERSHIP DEVELOPMENT FUND APPLICATION

ORGANIZATION: _____

CONTACT PERSON: _____ EMAIL: _____

PHONE(HOME): _____ PHONE(WORK): _____ FAX: _____

PROGRAM DESCRIPTION	Please detail: type of program, area served, number of people involved, location of program, duration of program and volunteer involvement

[illegible]

Please return application to: Gary Boone Physical Activity Leadership Development Fund C/O Denise Fougere, 285 Beech Hill Road, Antigonish, NS B2G 0B4 TEL: (902)863-1141; FAX: (902)863-5751; Email: recreation@antigonishcounty.ns.ca

BUDGET**Expenditures:**

Leadership _____

Administration _____

Equipment & Material _____

Transportation _____

Facility Rental _____

Other _____

Other _____

Other _____

Total Expenditures _____

Revenue:

Leadership _____

Administration _____

Equipment & Material _____

Transportation _____

Facility Rental _____

Other _____

Other _____

Other _____

Total Revenues _____

Have you contacted any other government department, agency or association for assistance?

Yes ☐ No ☐

If yes, please specify _____

Date of application _____

Indicate the result of the request _____

Additional comments in support of your application _____

I certify that, to the best of my knowledge, the information provided by me in this grant application is accurate and complete and that the project is endorsed by the organization which I represent.

Signed_____
Date_____
Name (Print)