

SUBSIDIZED RENTAL APPLICATION

Name of Organization: _____

Are you a Non-Profit Society: _____

Contact Person: _____

Mailing Address: _____

Telephone Number: _____ **Email:** _____

Description of Event: _____

Who Benefits from this event and how? _____

Total cost of Event: _____

Budget for the event attached: _____

Will you receive other sources of funding: Yes _____ No _____

Please describe other sources of funding and amounts requested or expected:

Subsidy Applied for: _____