



Schedule A

**Port Stanley BIA
Event Sponsorship Application Form**

Contact Information

Name of Organization	
Name of Proposed Event	
Contact Name	
Position	
Mailing Address	
Phone Number	
Email	

Total Amount Requested: _____

*Please note that requests over \$5,000 must be made in alignment with the annual BIA Budget process in Q4 of a given year.

Section 1: About Your Project

Is your group based in Port Stanley? ☐ Yes ☐ No

Is your group affiliated with another organization? ☐ Yes ☐ No

If yes, please identify the group or organization: _____

How many years has your group/organization been in operation? _____

Please describe your proposed event. Include locations, schedules, logistics, number of volunteers, etc.

Please indicate how the Port Stanley business community will benefit from your event.

Please detail how the requested funds will be used.

How does your event promote the Village of Port Stanley as a destination and generate patron traffic for the local business community?

Please describe the primary source of funding for your event and list any other forms of sponsorships/funding that have been applied for or received.