



## **COVER SHEET**

## All fields with an \* are mandatory.

Title of Project*						
One-to-two sentence description	on of activity*					
Name of Individual, Group, Org	anization, or Business:					
Legal name of applicant*	Preferred name of applicant					
Applicant entity (check one):*						
☐ Individual (must have lived in Yukon for one continuous year)			☐ Artist collective			
Registered Yukon non-profi		☐ Yukon business				
Members of collective (if applic	able)					
Email*			Phone*			
			( ) -			
Mailing address*			Town/city*		Postal code*	
Physical address (if different fro	om mailing address)					
Contact person, if different from above						
Amount of funding requested*	Total budget of project*	Project start date*		Project end date*		
\$	\$	YYYY/MM/DD		YYYY/MM/DD		
Declaration of applicant						
We are submitting this applicat The statements herein and in a and correct. We submit that, to with existing municipal, territori workplace free from harassmer of the Government of Yukon act the books and records, to make evaluate this application. We un accordance with the Access to the Government of Yukon.	Il further submissions in regal the best of our knowledge, a all and federal codes, guidelin ht, bullying, abuse and discrin cess to the site and premises e inquiries and credit checks, nderstand that all or part of the	rd to this applical aspects of the nes and laws. We nination of any sof the project and to obtain and application r	eation are, to the is proposed provided to proposed provided to public to pu	e best o oject wil rovide a to allov is applic ormatior vailable	of our knowledge, true I be in compliance safe and healthy representatives cation, to inspect n necessary to to the public in	
					Y/MM/DD	
Signature				Date		

Personal information on this application is collected for the purpose of administering the Culture Quest-grant funding program in accordance with the Yukon Government Transfer Payment Policy. Questions about the collection or use of this information can be directed to the ATIPP Coordinator, Department of Tourism and Culture, Box 2703, Whitehorse, Yukon, Y1A 2C6, 867-393-6460.

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Tell us about yourself. What skills, resources, experience, or knowledge do you bring to the project? If you are applying on behalf of an organization, what is your position or role within the group?					
Funding Objective					
Funding Objective  How does your project fit with one or more of the Culture Quest objectives?					
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Project Description					
Tell us about your project. Please include details such as:					
<ul> <li>What's it about and what do you hope to achieve?</li> <li>What are the planned activities, and when will they take place?</li> <li>Who will be involved (partners, funders, staff, volunteers, artists, etc.)?</li> </ul>					
* Applicants may submit project descriptions as a separate document if preferred.					

Project Budget for				
Fill in the budget lines that apply to your activity. Culture Quest can provide up				
proposal. The program cannot supplement unexpected expenses and/or increased. Provide the 'Budgeted costs' now. Fill in the 'Actual costs' column				
Revenues (ex. other funding, sponsorship, applicant contribution, etc)	<b>Budgeted revenues</b>	Actual revenues		
	(application)	(final report)		
Request to Culture Quest				
Total revenues				
Expenses (ex. artist fees, materials, venue costs, rental expenses, travel, etc)	Budgeted revenues (application)	Actual revenues (final report)		
Total expenses				
Net (revenues minus expenses = should be \$0)				
Total final expenses  Total final revenue	es			
Name				
Signature	Date	Date		
		YYYY/MM/DD		
Budget notes (if any)				