Incorporated (Legal) Name of Organization:		
Common Name of Organization (if different from incorporated name):		
Act your Group is Registered Under:	Is your Organization a: ☐ Non-Profit Organization ☐ Corporation	
Registration Number:	Registration Date:	
Address:		
City:	Province:	Postal Code:

Project Location			
Name of Facility (if applicable):			
Address or legal description (if different from above):			
City:	Province:	Postal Code:	
Primary Project Contact (This is the person we will call for project information):			
First Name:	Last Name:	Title:	
Daytime Phone: / Ext:	Fax:	Email:	
Alternate Project Contact:			
First Name:	Last Name:	Title:	
Daytime Phone: / Ext:	Fax:	Email:	
Signing Authority Contact (This is the legal/financial signing authority for the organization):			
First Name:	Last Name:	Title:	
Daytime Phone: / Ext:	Fax:	Email:	

PROJECT OVERVIEW		
Project Name:		
Project Type (pick one): ☐ Facility Capital ☐ Facility Operations ☐ Program/Events		
FOR OFFICE & COMMITTEE USE ONLY	**RECREATION ZONE #**	**RECOMMENDED APPROVAL AMOUNT**

Main Category (Pick one):

☐ Arts ☐ Community Services ☐ Culture ☐ Education ☐ Environment ☐ Health

☐ Sports and Recreation ☐ Other (please specify): _____

Group that will benefit from the project (pick one):

☐ Children ☐ General Public ☐ Men ☐ Seniors ☐ Women ☐ Youth

☐ Other (please specify):_____

Organization Overview

a) What is the purpose of your organization?

b) What services do you provide to the community?

Project Description

a) Explain what you want to do with the funds. This includes a description of the issues and benefit to the community.

b) How many people do you estimate or know will benefit from this grant?

c) If your grant is successful, how long will it take to complete your project once funding is approved?

Need For Financial Assistance

a) If your organization has a current operating surplus, operating reserves or unrestricted cash assets, explain what your plan is to do with these funds, if they are not allocated to this project.

b) If your organization has a current operating or accumulated deficit, explain how the deficit was acquired and your plan for reducing it.

c) Have you applied for, or already received, funding for this project from any other funding sources?
□Yes (If yes, provide details) □No

BUDGET

Revenue	
Requested Grant Amount (Maximum 50% of project/program cost)	$
Cash Contributions	$
Donated In-Kind	$
Other Funding	$
Total Revenue	**$**

Total Project Cost and Donated Components Breakdown			**Amount Donated In-Kind (Labour/Equipment/Material)**			
Item/Description	Cash/Cost (A)	Quote/Source of Estimate	Unskilled (B)	Skilled (C)	Equipment (D)	Material (E)
	$					
	$					
	$					
	$					
	$					
Sub-totals	$					
	(A)		(B)	(C)	(D)	(E)
Total Project Costs=	**$**	(Sum of A+B+C+D+E). This figure must equal 'Total Revenue' above.				

- Include quotes. If not included, indicate source of estimates.
- Include confirmation of all corporate in-kind materials and or services (i.e. letter from donor).
- Cash contributions should be supported by Financial Statements.

Mandatory Attachments

☐ Financial Statement

☐ List of Executives. Include a complete list of Board Members and Organization Executive (i.e. CEO, Treasurer, or equivalent positions) along with daytime phone numbers and email, if available.

☐ Facility owner support (if applicable)

☐ Estimates, supplier quotations or sources of estimates

☐ Other supporting documentation (Example: Letter of Support from Community Groups)

☐ Business Plan (if requested)

☐ Capital Plan (if applicable)

☐ Detailed Budget (For Facility/Program)

Signature of Applicant

Date

Print Name

Position

Zone Approval/Rejection

Date

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The information will be used to process your application(s) and your name and address may be included on reports that are available to the public. If you have any questions on the collection and use of this information, please contact the FOIP Coordinator at (780) 352-3321.

All pertinent information included in a written submission received from the public that is presented to a Council, Committee or Board meeting of the County of Wetaskiwin becomes part of the public meeting minutes, unless otherwise requested by the individual in writing. Any personal information pertinent to the issue (including but not limited to, name legal land description) could be recorded in the public minutes of the meeting.