

APPLICATION FOR COMMUNITY GRANT

Schedule "A"

Applicant Information

Name of Applicant (individual or group name): _____

Mailing address (cheque will be mailed here):

Contact person: _____ Telephone number: _____

Email Address: _____

Describe your organization. If this is a team organization include the number of participants and a breakdown of their residence.

Project/Event Information

Describe your project/event. If this is for a competition, describe the level of competition.

Date of the Project/Event: _____

Location of the Project/Event: _____

How will your project/event benefit the Town of Athabasca?

Project Funding

Funding Request: \$ _____

Other Grants Applied for: \$ _____

Description:

Other Donation/Fundraising expected: \$ _____

Description:

How will this grant funding be used for your project/event:

- I DECLARE THAT:
- I AM AN AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION. (if applicable)
 - The information contained in this application is true and accurate.
 - The Project/Event will be open to the general public.
 - Any grant awarded will be used solely for the purposes stated with this application.
 - The contribution from the Town of Athabasca for this project/event will be recognized wherever possible.

Signature of Authorized Applicant