



## 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