



Community Grant Application Schedule "A"

Applicant Information

Name of Applicant (individual or group name): _____

Mailing Address (cheque will be mailed here,
please indicate the name of the person the cheque
should be issued to if different from the Applicant
above): _____

Contact Person: _____ Telephone Number: _____

Email Address: _____

Describe your organization. If this is a group organization or sports team, include the number of participants and a breakdown of their residence. (ie. Town, County or Other)

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: _____

Number of Attendees Expected (if applicable): _____

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

Which Town of Athabasca Strategic Goal Does This Align With:

(please review the Town's Strategic Plan by visiting <http://www.athabasca.ca/p/council-strategic-plan>)

☐ INFRASTRUCTURE ☐ WELL-BEING ☐ LEADERSHIP ☐ COMMUNITY ☐ N/A

Project / Event Funding

Expected Total Cost: \$ _____

Funding Request: \$ _____

Description of Other Grants/Donations/Funding Applied For Including \$ Amount:
(i.e. Federal, Provincial, Athabasca County, Rotary Club, etc.)

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

Declaration

- 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 within this application.
- The contribution from the Town of Athabasca for this project/event will be recognized wherever possible.
- I declare I will provide a brief written or verbal report to Council within 90 days of the project/event.

Signature of Authorized Applicant

Please submit completed form to:

Email: town@athabasca.ca

Fax: 780 675-4242

Mail: 4705 49 Avenue
Athabasca, AB T9S 1B7

The personal information requested on this form is being collected by the Town of Athabasca under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, to determine eligibility for the Community Grant Program. If you have any questions about the collection and use of this information, please contact the Town of Athabasca FOIP Coordinator at 4705 - 49 Avenue, Athabasca, AB T9S 1B7 780-675-2063.