## Events & Sponsorship Grant Application

## **Applicant Information**

ORGANIZATION NAME:	DATE:
MAILING ADDRESS:	POSTAL CODE:
HAMLET/TOWN:	PROVINCE:
PRIMARY CONTACT NAME(S):	PHONE/FAX NUMBER(S):
EMAIL(S):	
NAME & LOCATION OF FACILITY (IF APPLICABLE):	
VISION/MISSION STATEMENT:	
Type of Grant	
□ Roadside Clean-up Grant	□ Community Event Grant
□ Other Sponsorship:	

## Agreement

I/We understand that:

- 1. The grant shall be used only for those purposes as outlined in the Events, Sponsorship, & In-Kind Donations section of Big Lakes County Grant Funding Policy.
- 2. Grant funds not expended for the purposes for which they were provided shall be returned to Big Lakes County.
- 3. Clean-Up funding requires the completion of a Claim Form before payment. **If you are applying for a Clean-Up** grant, you do not have to fill out the budget within this application.
- 4. Events & Sponsorship Grant applications are due a minimum of eight (8) days prior to the Council meeting your organization wishes to have the request considered, for sufficient processing time. Funding payments may take up to 2 to 6 weeks after approval for processing.
- 5. All applications are reviewed on an individual basis by County Council and decisions regarding approval are made by County Council in consideration of potential benefit(s) to the wider community.



7.	pre Dec	esent funding requesting funding are welcome to sche esent funding requests in addition to a completed grar claration of Financial Contact: the person responsible owing:	nt application.	
		Ι,		
		(PRINT NAME)	(PRINT OFFICIAL POSITION)	
		emnly declare to take full responsibility for receiving a County, in response to this application, of which this s		eived from
		Declared on this day/month/year:		
		SIGNED:	WITNESSED:	-
E۱	vei	nt/Activity Budget		
		ATTACH ADDITIONAL PAGES AS NEEDED. IF YOU AF O FILL OUT THIS PORTION.	re applying for a clean-up event, yo	U DO NOT
1.	EXF	PENDITURES (Please attach estimates or quotes)		
	a)	MATERIALS/EQUIPMENT/FACILITIES/LABOUR		
			\$	
			\$	
			\$	
			\$	
			\$	
2)	RE\	VENUES SOURCES		
	a)	COUNTY GRANT MONEY REQUESTED	\$	
	b)	OTHER GRANTS/SPONSORSHIPS/DONATIONS (Indicate whether grants are planned, applied for, or	received)	
			\$	
			\$	
			\$	
	c)	APPLICANT'S CONTRIBUTION	\$	
		TOTAL REVENUE	\$	
3)	BAL	_ANCED BUDGET: (= \$0.00)		

Big Lakes COUNTY

TOTAL REVENUE	\$
(—)	
TOTAL EXPENDITURES	\$

## **Submit Your Application**

Applications can be submitted in person, by mail, fax, or email to:

**Attn: Grants Officer Big Lakes County** P.O. Box 239, 5306-56 St. High Prairie, AB T0G 1E0

Phone: (780) 523-5955 Fax: (780) 523-4227

Email: Grants@BigLakesCounty.ca

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DATE RECEIVED:	DATE REVIEWED:	REVIEWED BY:		
AMMOUNT APPROVED:	COUNCIL MOTION:			
COMMENTS:				