



# REQUEST FOR FUNDING – COUNCIL DONATIONS & GRANTS

Application Form

## APPLICANT INFORMATION

Legal Name of Organization/Individual (*must match provincial records*):

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Common Name of Organization/Individual (*if different from legal name*):

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**Mailing Address of Applicant Organization/Individual:** \_\_\_\_\_

\*\* All correspondence and cheques will be mailed to this address.

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## PROJECT OVERVIEW

**Activity / Event Type (please check one)**

- Hosting a Regional, Provincial, National or International Event
- Community Special Event or Celebration
- Organization/Group Start-up Costs
- Travel to a Regional, Provincial, National or International Event
- Other: Specify \_\_\_\_\_

Project Name: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

**Description of request:** (use back of form if more space is required) \_\_\_\_\_

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How will you acknowledge support from the County of Northern Lights?

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Did you approach any other organizations about funding?  Yes\*  No

Did you approach the North or South Recreation Boards for funding?  Yes\*  No

\*If yes, did you receive funding from them for this project, event or activity? Yes\*\*  No

\*\* What was the Amount received? \_\_\_\_\_

## PROJECT BUDGET

Please list sources of revenue and anticipated expenses for the activity /event.

### Revenues:

Applicant Fund-raising: \_\_\_\_\_

Applicant Contribution: \_\_\_\_\_

Other Grants/Donations: \_\_\_\_\_

In-kind Contributions: \_\_\_\_\_

Other: \_\_\_\_\_

Application Amount: \_\_\_\_\_

### Expenditures

Transportation: \_\_\_\_\_

Accommodations: \_\_\_\_\_

Contracted Services: \_\_\_\_\_

Food: \_\_\_\_\_

Administration: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Revenue:** \_\_\_\_\_

**Total Expenditures:** \_\_\_\_\_

Revenues & Expenditures must match.

### Please Submit Applications To:

County of Northern Lights

600 – 7<sup>th</sup> Ave NW, Box 10

Manning, AB T0H 2M0

Fax: 780-836-3663

[cao@countyofnorthernlights.com](mailto:cao@countyofnorthernlights.com)

The personal information collected on this form is collected for the purpose of determining eligibility for the applicant to receive support for an event or activity. The information is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information should be directed to the above address.

### For Administrative Use Only:

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Funding Approved: No  Yes

Amount approved for: \$ \_\_\_\_\_

Funding Type: Donation  or Grant

Council Motion #: \_\_\_\_\_

Department (for budget purposes): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_