

# Event Hosting Grant Application Form

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive a Council Grant. The information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and may become public information. Questions regarding the collection of this information can be directed to the City Clerk at (780) 980-7177, #1 Alexandra Park, Leduc, AB, T9E 4C4.

**Applications must be received (eight) 8 weeks prior to the scheduled event. Applications will be processed as submitted.**

## Event Information

Event Name: _____	
Organization: _____	
Funding Amount Requested: \$ _____	Date: _____
Location: _____	Time: _____

## Event Purpose

1. Provide a brief description/outline of your event and the purpose in which the funds will be used.

2. Please give a brief description about your organization's mission, vision and organizational goals.

3. How does this event align with your organization's mission, vision and organizational goals?

*Office Use Only: Event Purpose: \_\_\_ / 6 points*

## Type of Event

4. Select the type of event to be hosted:

Social Wellness     Multicultural     Recreation     Fundraiser

5. Select which best describes the history of this event:

Regular and ongoing     New Initiative

6. Select event geographic:

Regional     Provincial     Inter-Provincial     National     International

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Office Use Only: Type of event: \_\_\_ / 5 points

## Community Impact

7. Is this event a public event for City of Leduc residents to attend?

Yes

No

8. Who is your target audience at your event? What is the number of City of Leduc Residents expected to participate? What is the over all projected number of attendees?

9. What volunteer components will be involved in your event? What is the projected number of volunteers participating?

10. How will your event enhance the well-being of the City of Leduc residents?

11. What type of economic impacts does this event provide to the City of Leduc?

Office Use Only: Community Impact: \_\_\_ / 13 points

## Event Outcomes

12. How will you know if you have been successful with your event? What measures will you use and what are your outcomes?

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Office Use Only: Event Outcomes: \_\_\_ / 3 points

## Funding Request

### Funding Type

1. Select the one type of request:

Option 1: % of Facility Equipment Rentals     Option 2: Supporting Overall Event Cost

- 100 % (\$ \_\_\_\_\_)    Please indicate amount (\$ \_\_\_\_\_)
- 75 % (\$ \_\_\_\_\_)
- 50 % (\$ \_\_\_\_\_)
- 25 % (\$ \_\_\_\_\_)

NOTE: Grants cannot be used toward damage deposits

2. Please indicate if this event is being hosted at a City of Leduc facility:     Yes     No

- If yes, funds will be directly transferred to Events & Bookings Department

3. If Option 2 is selected, provide details of how the grant will be allocated to overall event cost.

Please indicate all items in your budget spreadsheet provide.

### Funding Sources

4. What other sources of revenues, fundraising, grants or sponsorship/partnerships opportunities is your organization is using to support its sustainability in the community? Please list, identify sources and state amounts received.

### Supporting Documents

Event Budget: (Please include the following)

- ✓ Please complete the fillable Event Budget template provided, include all revenue and expenses associated with your event

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- ✓ Attach a copy of any City of Leduc Rental Fees, if applicable
- ✓ A copy of your organization's current, most up to date financial statements

Office Use Only: Funding Request: \_\_\_/9 points

## Applicant Information

1. Select the organization status (choose all that apply):
  - Non-profit organization
  - Charity
  - Local school
  - Local group affiliated with a National or Provincial entity  
(Name of entity: \_\_\_\_\_)
2. Please list your organization's Charitable Number/Incorporation Number (if applicable)  
Number: \_\_\_\_\_
3. As per the Municipal Grant Policy, organizations are required to have been registered or in operation for at least one year. Please confirm:
  - Yes
  - No
4. Has your organization been awarded a City of Leduc Hosting, Travel or General Grant to Organizations Grant within this current year?
  - Yes
  - No
5. Does your organization receive any additional monetary contributions from the City of Leduc such as a funding or contract of services agreements?
  - Yes
  - No
  - Please explain: \_\_\_\_\_

Office Use Only: Applicant Information: \_\_\_/4 points

**Office use only: Total Points Awarded**

**/40 Points**

Return this completed application with all supporting material attached via email to:

[Grants@leduc.ca](mailto:Grants@leduc.ca) Community Development, City of Leduc  
#1 Alexandra Park, Leduc, Alberta T9E 4C4  
Phone: 780-980-7166, Fax: 780-980-7127

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## Application Declaration

We the undersigned do hereby declare that to the best of our knowledge this application:

1. Does not have any outstanding fees to the City of Leduc including but not limited the Leduc Recreation Centre.
2. Has not been awarded a Travel, Hosting or General Grants to Organizations from the City of Leduc within the same calendar year.
3. Has provided information for any other grants they might be awarded from the City of Leduc within the same calendar year.
4. Contains a full, current and accurate account for all matters stated herein.
5. If applying as a charity or society must be active and not be revoked or suspended by Canada Revenue Agency.
6. Is made for and on behalf of the Organization by the undersigned.
7. Is in respect of a project which is in the best interests of the Organization and which has been officially approved by a majority vote as defined by the constitution of the Organization.
8. We declare that the monies will be used for the purpose the application was approved. If the event is not undertaken, the grant money will be returned.
9. **We agree to fulfill the commitments of the grant, which include submitting the required final report within one month following the completion of the event identifying the project outcome, an evaluation of the project in relation to its objectives and corresponding receipts**

\_\_\_\_\_  
Signature of Chairperson/President

\_\_\_\_\_  
Signature of Vice-Chair or Vice-President

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**If grant awarded, the cheque will be made payable to:**

Registered Name of Organization:	_____
Street:	_____
City:	_____ Province: _____ Postal Code: _____
Phone:	_____ Fax: _____
Email:	_____

Contact's Position in Organization: \_\_\_\_\_ Name: \_\_\_\_\_

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