

# City Council Hosting Grant Request

## 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.

File# \_\_\_\_\_

Application# \_\_\_\_\_

Applications must be received no less than six (6) weeks prior to the scheduled event date; however (eight) 8 weeks prior is preferred for administrative purposes. Applications will be processed as submitted.

### Event Information

1. Describe the nature of the event to be hosted (include date, location and volunteer component(s):

2. Select the type of event to be hosted (choose all that apply):

Amateur Sport       Multicultural       Recreation

3. Select event geographic (choose one):

Regional  
 Provincial  
 Inter-Provincial  
 National  
 International

4. Select which best describes the history of this event (choose one):

Regular and ongoing  
 New Initiative

5. Is this event a public event for City of Leduc residents to attend? (choose one)

Yes       No

6. How many people are expected to participate? \_\_\_\_\_

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## Applicant Information

1. Select the applicant status (choose all that apply):
  - Non-profit organization
  - Local school
  - Local group affiliated with a National or Provincial entity  
(name of entity: \_\_\_\_\_)
2. Has the applicant been registered or in operation for at least one year? (choose one)
  - Yes
  - No
3. Has the applicant been awarded a hosting grant within the same calendar year? (choose one)
  - Yes
  - No
4. Please give a brief description about your organization including its primary objectives:

5. Organization Name: \_\_\_\_\_
6. Name of Contact: \_\_\_\_\_
7. Contact's Position in Organization: \_\_\_\_\_
8. Address of Contact:
  - Street: \_\_\_\_\_
  - City: \_\_\_\_\_
  - Province: \_\_\_\_\_
  - Postal Code: \_\_\_\_\_
  - Phone (home): \_\_\_\_\_
  - Phone (work): \_\_\_\_\_
  - Fax: \_\_\_\_\_
  - Email: \_\_\_\_\_

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## Grant Request

1. Select the type of request (choose one):

- \_\_\_\_\_% of facility/equipment rental (attach rental agreement)
- 100 % (\$ \_\_\_\_\_)
- 75 % (\$ \_\_\_\_\_)
- 50 % (\$ \_\_\_\_\_)
- 25 % (\$ \_\_\_\_\_), or
- Defray event costs. Please indicate the amount requested: \$ \_\_\_\_\_

NOTE: Grants cannot be used toward damage deposits

2. If applicable, provide details how the grant will be allocated to defray event costs:

3. What is the total operating budget for your group or organization including fundraising initiatives? Please give revenue and expenditure details. Attach additional pages if necessary.

4. Please provide a budget for this event. If applicable, include what facilities will be required including number of hours and cost of rental. Attach additional pages if necessary.

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## Application Declaration

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

1. Contains a full, current and accurate account for all matters stated herein,
2. Is made for and on behalf of the Organization by the undersigned,
3. 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,
4. 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, and
5. 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 and an evaluation of the project in relation to its objectives.

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

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

Return this completed application with all supporting material attached to:

Elana Hansen, Community Development

City of Leduc

#1 Alexandra Park

Leduc, AB, T9E 4C4

Phone: 780-980-7180

Fax: 780-980-7127

Email: [ehansen@leduc.ca](mailto:ehansen@leduc.ca)