

# City Council Travel 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 event geographic (choose one):

- Regional
- Provincial
- Inter-Provincial
- National
- International

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

- Regular and ongoing
- New Initiative

4. Will this event provide training/instruction to be taught in the City of Leduc? (choose one)

- Yes
- No

5. How many people from the applicant's organization are expected to participate in this event?
-

# City Council Travel Grant Request

## Applicant Information

1. Select the applicant status (choose all that apply):  
 Non-profit organization     Local school     Current City of Leduc resident  
 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, or been a resident of Leduc for at least one year?     Yes     No
3. Will this applicant show a profit from attending any event directly associated with this application?  
 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: \_\_\_\_\_

# City Council Travel Grant Request

## Grant Request

1. What is your total grant request? \$ \_\_\_\_\_

2. Provide details how the grant will be allocated to defray event costs:

3. Has this applicant been awarded a Travel Grant within the current calendar year?

Yes

No

4. Please provide an operational budget for your group or organization including fundraising initiatives. Please give revenue and expenditure details. Attach additional pages if necessary.

5. What is the total expected cost of the event? Please give details and attach additional pages if necessary.

# City Council Travel Grant Request

## 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: 780-980-7166, Fax: 780-980-7127, Email: ehansen@leduc.ca