

Travel Grant Application Form

The personal information on this form is being collected for the purpose of determining the eligibility of the applicant to receive a Municipal Grant. The information is collected pursuant to the authority of Section 4(c) of the Protection of Privacy Act. Questions regarding the collection, use and disclosure of information can be directed to the City's Privacy Officer at (780) 980-7173 or by mail at: #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

Requesting Travel Funds: **Option 1: As a Group/Team** or **Option 2: As an Individual**

Organization: _____ Individual: _____

Event Name: _____ Date(s): _____

Location: _____ Length of Event: _____

NOTE: If applying as a group/team please provide list of all team members names and postal codes in the table on page 7.

Event Purpose

1. Provide a brief description/outline of your event and the reason for your travel:

2. How does the purpose in which you are traveling align with your organization's mission, vision and organizational goals? Please explain:

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3. Please explain your organizations involvement in the event in which you are traveling to:

4. As a participant, will you be receiving any monetary compensation for traveling to this event, such as honorariums, bursaries, payment for service, awards, prize winnings etc.?

- Yes No

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

Community Impact

7. What is your intention for participating in in this event?

- Training/Development Competition Performance Instruction/Coaching

8. How would your participation in this event bring impact to the City of Leduc participants or users?

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9. What volunteer components will be involved in your travels? What is the projected number of volunteers participating? (e.g. fundraising efforts, coaches etc.)

Office Use Only: Event Information: ___ / 13 points

Funding Request

1. Select one type of travel funding:

<p><input type="checkbox"/> Option 1: As an Individual</p> <ul style="list-style-type: none">Individuals can receive up to \$2,500 for the entire group dependent on the number of individuals. <p>NOTE: <u>Coaches will only qualify for funding if they are volunteering their time.</u> If receiving wages or honorariums they are ineligible.</p>	<p><input type="checkbox"/> Option 2: As a Group or Team</p> <ul style="list-style-type: none">Applicants can be awarded up to \$100 per person, with some exceptions. <p>NOTE: Applicants traveling with a team CANNOT apply individually if other members are also applying.</p>
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2. What form of transportation will you be taking to get to your event?

Flight Personal vehicle Bus/taxi Car pool Other: _____

3. Will this event require over-night accommodation? Yes No

• If yes, how many nights? _____

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4. What is the total cost of your travels, including to and from your event? \$ _____

5. If successful with funding, how will it be used to support your overall costs of travel?

Funding Sources

6. What other sources of revenues, fundraising, grants or sponsorship/partnerships opportunities is your organization using to help support this event? Please list, identify sources and state amounts received. (e.g. bottle drives, cookie sales, 50/50 raffles etc.)

Supporting Documents

Travel Budget: (Please include the following)

- ✓ Please complete the fillable travel budget based on travel predictions, include all revenue and expenses associated
- ✓ Attach proof of event registration or invitation
- ✓ Attach proof of transportation bookings (e.g. flight bookings, bus tickets etc.)
- ✓ Attach proof of accommodation bookings (e.g. hotel/motel booking invoice etc.)

NOTE: Final Reporting will require you to attach all transportation, accommodation and expenditure receipts.

Office Use Only: Funding Request: ___/8 points

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Applicant Information

1. Select the organization's status (choose all that apply):

Non-profit organization

Charity

Local school

Local group affiliated with a National or Provincial entity

(Name of entity: _____)

2. Has the applicant/organization been registered, in operation or been living in Leduc as a resident for at least one year?

Yes

No

3. Has the applicant/organization been awarded a City of Leduc Hosting, Travel or General Grant to Organizations Grant within the same calendar year?

Yes

No

Office Use Only: Applicant Information: ____/4 points

Office use only: Total Points Awarded

/25 Points

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

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. Contains a full, current and accurate account for all matters stated herein.
4. If applying as a charity or society must be active and not be revoked or suspended by Canada Revenue Agency.
5. Is made for and on behalf of the Organization by the undersigned.
6. Is in respect of this application, which is in the best interests of the Organization or individual, the Organization has been notified of this request.
7. 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.
8. **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 or Individual:	_____
Street:	_____
City:	_____ Province: _____ Postal Code: _____
Phone:	_____ Fax: _____
Email:	_____

Note: If traveling as a team, please make cheque payable to the organization.

Contact's Position in Organization: _____ Name: _____

Phone: _____ Email: _____

