



# Grant funding application

## Seniors grant program

**Family and Community Support Services**  
 101-1101 5 St., Nisku, AB T9E 2X3  
 p: 780-979-2385 f: 780-955-4765  
 FCSSinfo@leduc-county.com

Leduc County will support applicants to submit effective applications. If you require assistance, have questions, or would like ideas on how this funding could support your group, please contact Sara Russell, Manager of community support services at 780-955-6424 or [sara@leduc-county.com](mailto:sara@leduc-county.com).

### Lead community group/not-for-profit organization

Organization/group name					
Phone		Website			
Mailing Address					
Town/city		Province		Postal code	
Physical address (if different)					
<input type="checkbox"/> Not for profit	<input type="checkbox"/> For Profit Org	<input type="checkbox"/> Coalition, Committee, Network, Group			
Not-for-profit number (if applicable)					
Describe how your group supports Leduc County residents:					

### Contact information

Contact name		Phone	
Contact title		Email	
Alternate Contact			

### Partners

If this is a collaborative project/program/event, please indicate other groups or organizations that will participate and their roles.

**Community project/program/event summary**

Describe the project/program/event that your group is requesting funding for. Describe your overall goals.

Which priority or priorities does this project/program/event link to? (see Grant Guidelines for more information)

<input type="checkbox"/> Aging Well	<input type="checkbox"/> Inclusion and Diversity	<input type="checkbox"/> Connection and Engagement
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Explain how your project/program/event links to the priority.

How are seniors contributing to the planning and decision-making process for this project/program/event?

How many seniors do you estimate your project/program/event will impact and which age categories:

Ages 55- 64:		Ages 65-79:		Ages 80+:	
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How will you know if your event is successful? How will you measure the success of this project/program/event?

How do you plan on recognizing Leduc County as a funder? How will you involve Leduc County in the success of this project/program/event?

**Project/program/event budget**

Revenue	Amount (\$)
Association funds	
Other grants <i>(please identify the name of the agency and the amount received):</i>	
Fundraising	
Amount requested	
<b>Total revenue</b>	

Expenditures	Amount (\$)
<b>Total expenditures</b>	

**Grant requirements**

The funds requested from Leduc County will be spent within 12 months of being received. <i>If not, please explain why:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Your organization has submitted a final report form accounting for previous grants received from Leduc County, if applicable.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your organization receives annual funding to operate from any of the following, please identify the amount.

Funding source	Amount (\$)
Leduc County	
Other municipality (please specify):	
Province of Alberta	
Other (include name and amount)	
Other (include name and amount)	
<b>Total annual funding</b>	

**Applicant agreement**

By signing below, I declare that:

- I am a duly authorized representative having legal and/or financial signing authority for the above-listed organization.
- Information received in this application is accurate to the best of my knowledge and funding will be used for the project/program/event as intended.
- Leduc County will be recognized as a funding agency prior to, during and upon completion of this project/program/event.
- The project/program/event will benefit seniors in Leduc County.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Your personal information is collected by Leduc County under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purposes for which it is collected. Questions concerning the collection and use of this information can be directed to the Leduc County's FOIP coordinator at FOIP@leduc-county.com.

**Leduc County use only**

Date application received		Received by:	
Does the application contain all of the required materials and criteria?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the organization/group have outstanding reporting?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What requirements and/or criteria are incomplete?			