



## Project budget

Revenue:	Amount (\$)
Association funds	
Other grants	
Fundraising	
Amount requested	
<b>Total revenue:</b>	<b>\$</b>
Expenditures:	Amount (\$)
<b>Total expenditures:</b>	<b>\$</b>

### Please check if the following statements apply to your organization:

- Does your project provide recreational/athletic/or cultural benefit to the community?
- Is your project available to all residents within the community to benefit from?
- Is this project currently funded or receiving funds through another granting agency?  
If yes, please identify: \_\_\_\_\_
- Will project funds be spent within this calendar year?
- Has your organization submitted a final report form accounting for previous grants received from the regional recreation board?

### Does your organization receive annual operational funding from any of the following:

Local municipality	Yes	No	amount \$
Leduc County	Yes	No	amount \$
Province of Alberta	Yes	No	amount \$
Other:	Yes	No	amount \$
Other:	Yes	No	amount \$

### Please ensure the following requirements are included with your application:

- Your organization's most recent financial statement
- Copy of organization minutes with the motion to submit this application
- Current list of board of committee members

*Applications submitted without this information will be considered incomplete.*



For more information, please contact:  
 Andrea Oneski, Community Development Coordinator  
 ph: 780-770-9264 email: recgrants@leduc-county.com

## Applicant agreement

### 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 it was intended.
- Leduc County and the Regional Recreation Board will be recognized as a funding agency prior to, during and upon completion of this project.

\_\_\_\_\_

Applicant signature

\_\_\_\_\_

Date



### For recreation board-use only:

Date application received: \_\_\_\_\_

Does the application contain all of the required materials and criteria? \_\_\_\_\_

What requirements and/or criteria are incomplete? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of board chair accepting application as complete

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

