



# Grant funding application

## Seniors grant program

Parks and Recreation  
101-1101 5 St., Nisku, AB T9E 2X3  
p: 780-955-6410 f: 780-979-0032  
wizardlake@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"/>	
What requirements and/or criteria are incomplete?			

### Community group/not-for-profit organization

Legal organization name		Phone	
Facility location (if applicable)		Website	
Mailing address		Email	
Town/city		Province	Postal code
Not-for-profit number (if applicable)			

### Contact information

Contact name		Phone	
Contact title		Other	
Contact email			

### Community project summary

Describe the overall vision of the project that your group is requesting funding for. Please include an outline of activities, goals and objectives for your project.

--

Why have you chosen to do this project and how will it positively impact the community?

--

How many people do you estimate your project will impact?

--

How will your organization advertise that Leduc County funded your program or event?

--

**Note:**

You may email us a copy of your organization's completed budget instead of filling out the columns below.

**Project budget**

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

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

**Confirm the following (please circle)**

The project provides recreational/athletic/or cultural benefit to the community?	Yes	No
The program or project is available to all residents within the community.	Yes	No
The funds requested from Leduc County will be spent within 12 months of being received. If not, please explain why:	Yes	No

Your organization has submitted a final report form accounting for previous grants received from Leduc County, if applicable.	Yes	No
The program or project is currently funded or receiving funds through another granting agency. If yes, please identify the name of the agency and the amount received:	Yes	No

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

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

**Conditions of funding**

Include the following with your application:

- Program or project summary
- Program or project budget
- Estimate of program or project expenditures
- Plan for recognizing Leduc County as a funding organization
- Outstanding final report forms

**Note:**

- Applications submitted without this information will be considered incomplete.
- The final report form will require a copy of your project description, project budget and any photos or supporting documents related to this grant.

**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 as intended.
- Leduc County and the Parks and Recreation Advisory Board will be recognized as a funding agency prior to, during and upon completion of this project.

\_\_\_\_\_  
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.