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| **Organization Information:** |
| **Application Date:** |  |
| **Name of Non-Profit Organization:** |  |
| **Provincial Incorporation Number: (AB Societies Act)** |  | **Date of Incorporation** |  |
| **Mailing Address:** |  |
| **Phone Number:** |  | **FAX Number:** |  |
| **Website Address: (if available)** |  |
| **Total Project Budget:** |  |
| **Grant Amount Requested:** |  |
| **Project Information:** |
| **Project Title:** |  |
| **Project Location:** |  |
| **Project Start Date: (Month Day Year)** |  | **Project End Date: (Month Day Year)** |  |
| **Brief Project****Description:** |  |
| **Primary Contact Person (Project Leader):** |  |
| **Title:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

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| **Project Description:** |
| **Need for Project:** |  |
| **Benefit of Project:** |  |
| **Describe how you will recognize the Amateur Sport Grant Program:** |  |

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| **Membership Profile: (*Please feel free to include this information as a separate document)*** |
| **Please outline your current membership including:**• **Age groups**• **Gender**• **Caliber of athletes**• **Number of members per group** |  |
| **Membership Fees and/or Rental Fees:** |  |

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| **Project Budget:** |
| **Total Project Budget:** |  |
| **Revenue Sources – Please indicate if the funds are confirmed or tentative** | **Cash** | **In-Kind** | **Total** |
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| **Total Project Revenue (Should equal****the total project budget)** |  |  |  |
| **Project Expenses: Please detail all of the anticipated expenses for the project (using the quote of your preferred vendor).** | **Total Project****Expenses** |
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| **Total Project Expenses** |  |

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| **Quote Summary:** | **Please list vendors and quotes below** |
| **Product/equipment description (please include copies of quotes as attachments)** | Vendor #1 | Vendor #2 | Vendor #3 |
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| **TOTALS** |  |  |  |

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| **Document Checklist:** |
| **Mandatory Documents** | **Yes** | **No** |
| Completed Application |  |  |
| Tenders and quotes |  |  |
| Letters of Support |  |  |
| Letter of Permission/Lease Agreement from Landowner (ifapplicable) |  |  |
| Certificate of Incorporation & Recent Annual Return |  |  |
| List of Board of Directors |  |  |
| Organization By-laws |  |  |
| Annual Financial Statements |  |  |
| Operating & Capital Budget for Current Year |  |  |
| One original signed application plus an electronic copy |  |  |

Submitted by:

Date:

Should you have any questions about the application process, please contact: Sara Stepa

Amateur Sport Grant Program Manager

(403) 974-0747

sstepa@parksfdn.com

**\*\*All applicants are encouraged to contact the Grant Manager to discuss eligibility and project prior to submitting an application.**