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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 (if  applicable) |  |  |
| 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](mailto:sstepa@parksfdn.com)

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