



INSTRUCTIONS:

Please complete parts A and B and date the form in Part C.
Include information outlined in attached project schedules as required.

PART A – APPLICANT INFORMATION

ORGANIZATION

Formal legal name, as it appears on Certificate of Incorporation (cheque will be made payable to name of organization as it appears here)

LEGAL STATUS

<input type="checkbox"/> Yes	<input type="checkbox"/> In Process
Incorporated	Incorporation Number _____
<input type="checkbox"/> No	Act Incorporated Under _____
	↓ Date Applied _____

Organizations that are not incorporated may apply under the auspices of an affiliate or sponsoring organization. If this is your situation, complete the following information regarding Affiliate Organization.

4. (Affiliate Organization)

Legal Name of Affiliate _____
(as it appears on the Certificate of Incorporation).

5. Incorporation Number of Affiliate _____ 6. Act Incorporated Under _____

The undersigned officer of the affiliate organization hereby gives permission for the above named applicant to utilize our incorporation number for the purpose of obtaining funding through the Community Event Support Program.

PART B – CONTACT INFORMATION

Contact Person's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other				Title	
Street Address (City, Province/Territory, Postal Code)				Mailing Address (if different)	
Office Tel. No. ()	Residence Tel. No. ()	Fax ()	Email	Website	
Date: _____					
Month		Day		Year	

OFFICE USE ONLY

Date Received

PART C – AFFIRMATION

APPLICANT AGREEMENT:

I DECLARE THAT:

I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION.

- The information contained in this application and supporting documents is true and accurate and endorsed by the above organization.
- The event will benefit the general public and not specific individuals/families.
- An accounting and spending, showing compliance with conditions of the grant shall be provided at completion of the event.
- Any grant awarded shall be used solely for the purposes stated within this application and according to the Community Event Support Program unless otherwise agreed to by the City of Lethbridge.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the City of Lethbridge representatives.

AUTHORIZED SIGNATURE

Authorized Signature (in blue ink)

Name and Title (please print)

Date

Please complete the following

Project Name:	
Type of Event:	a) Community Festival b) Participant Event c) Other
Type of Funding required: a) Start Up (#1-3 applies) b) Core Maintenance (#1-3 applies) c) Emergency (applied for after the fact – proceed to #4)	
Proof of Facility or Special Permit	
Location of Event:	
Date of Event:	
Time of Event: From:	To:
Number of people attending:	
<p>#1. Give a brief description of your project and how your group is planning to organize the activities (use extra pages if necessary). (type script – do not hit enter, text will wrap-around) (Start Up & Core Maintenance Funding applications)</p> 	
<p>#2. How does your event enhance a sense of community? Indicate the benefits to Lethbridge residents. (Start Up & Core Maintenance Funding applications <i>(type script – do not hit enter, text will wrap-around)</i>)</p> 	
<p>#3 How will you ensure that your events are well publicized, fully accessible and well attended? (Start Up & Core Maintenance Funding applications <i>(type script – do not hit enter, text will wrap-around)</i>)</p> 	
<p>#4. Describe event and reasons for funding request: (Emergency Funding applications only)</p> 	
<p>Has your organization received funding from the City of Lethbridge for hosting events in the past?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include the name of the most recent project, the year in which it took place, the amount awarded and indicate if a follow-up report was submitted.</p> <p>_____ Follow-up Report Submitted: <input type="checkbox"/> Yes</p> <p>Name Year \$ Amount <input type="checkbox"/> No</p>	

SPECIAL EVENTS

(For example, formal ceremony, shows, parade, fireworks, etc.)

Please complete this sheet if your event consists of more than one activity.

Activity No. 1			
Date:	Time:	Location:	# of Participants Expected:
<u>Description of Activity:</u> (type script – do not hit enter, text will wrap-around)			
Activity No. 2			
Date:	Time:	Location:	# of Participants Expected:
<u>Description of Activity:</u> (type script – do not hit enter, text will wrap-around)			
Activity No. 3			
Date:	Time:	Location:	# of Participants Expected:
<u>Description of Activity:</u> (type script – do not hit enter, text will wrap-around)			
Type directly on to form or photocopy as required.			

PROJECT BUDGET

The project must be balanced which means that the anticipated revenue plus the funding requested must equal the planned expenditures.

A-PLANNED EXPENDITURES (itemize and list costs)		B-ANTICIPATED REVENUE	
		<ul style="list-style-type: none"> • Financial support from other organizations, and provincial/federal governments. • Funding from your organization. • Donations in kind (itemize & list estimated donations) 	
		Financial Support	
		Funding from your organization	
		Total anticipated revenue (B)	
		C-FUNDING REQUESTED	
		Total anticipated expenditures (A)	
		<u>Minus</u> total anticipated revenue (B)	
		Funding Requested (C)	
		List specific items to be paid for from the funding:	
		\$	
Total planned expenditures (A)			
IMPORTANT REMINDER:			
Beverages and food, capital costs and salaries of organizers are not eligible for support.			
In accordance with due diligence requirements, please ensure that the application form is complete, that all budget calculations are correct and all required documentation has been provided.			
Failure to follow these directives may delay processing of the application.			
		TOTAL FUNDING REQUESTED = (C) \$	