



COMMUNITY EVENT SUPPORT GRANT APPLICATION

INSTRUCTIONS: Please complete parts A-E and sign/date Part C. Include information outlined in attached project schedules as required. Date fields are to be filled mm/dd/yyyy.

Event Name:

PART A – Applicant Information

Organization (as it appears on Certificate of Incorporation, cheque will be issued to this name)

Legal Name:					
Street Address:					
Incorporated		Incorporation Number:		Incorporation Date:	
Unincorporated		In Process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, 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 and have an affiliate officer sign, granting permission to use affiliate incorporation number to obtain funding.

Affiliate Organization		Legal Name:			
		Incorporation Number:		Incorporation Date:	
Street Address:					
Affiliate Contact:		Position:			
Phone:		Cell:		Email:	

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

Signature:		Date:	
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PART B – Contact Information

Main Contact Name:		Position / Title:	
Street Address			
Mailing Address (if different):			
Phone:		Cell:	
		Email:	

PART C – Affirmation

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.
- 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

<i>Authorized Signature</i>	<i>Name and Title (please print)</i>	<i>Date (mm/dd/yyyy)</i>

OFFICE USE ONLY

Date Submission Received:

PART D - Event Information (For definitions please refer to application package)

Location of Event:							
Date(s) of Event:							
Time of Event:	From:		To:		Total # Volunteers:		
Total # Participants:		Total # Spectators:		% of attendees travelling 80km+:			
Would you consider this event:		Local	Regional	National	International		
Event Category	Sporting	Entertainment	Conference	Advocacy	Other:		
Funding Level	One Time Special	Inaugural	Ongoing (2-3 Years)	Mature (4+ Years)			
Funding Type	Emergency	Operating	Fundraising	Surplus Fundraising			

Project Details - Please answer each question as fully as possible using 1000 characters or less

#1. Give a brief description of your project and how your group is planning to organize the activities.

#2. How does your event enhance a sense of community? Indicate the benefits to Lethbridge residents.

#3. Please provide marketing timeline, budget (if applicable), and projected reach of event (local, regional, etc.).

City Permit Required?	Yes	No	If yes, which services?				
Type of Event Access:	Free	Ticketed	Price Range?	Total # of Tickets Available?			
Any physical barriers to accessing event?		No	Yes	If Yes, describe:			

Has your organization ever received Event Hosting funding from the City of Lethbridge?	Yes	No	
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If yes, please fill in the information below:

Event Name:							
Year		Amount Awarded:		Follow Up Report Submitted?	Yes	No	

PART E – Project Budget (Presented budgets MUST be balanced)

Anticipated revenue and funding requested must equal planned expenditures

Event Name:		Cash \$	In-Kind
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Planned Expenditures (A) – Itemize and list costs

NOTES:

Ineligible expenses include salaries, prizes, alcohol and merchandise for resale.

A - Expense TOTAL		
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Anticipated Revenue (B) – Itemize and list financial support/grants/donations to be received

Grants

- Provincial
- Federal

Contribution from Presenting Organization

NOTES:

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.

B - Revenue TOTAL		
C - Funding REQUESTED		(A-B=C)

Please list specific items to be paid from the Funding Requested (C):	Value (\$)

Attach additional sheets as needed. Failure to follow these directives or submit application with incomplete information may delay processing of the application.