



Town of Taber

COMMUNITY GRANT APPLICATION FORM

Is this project (please check one)

- Ongoing (weekly/monthly)
- A onetime project/event

NAME OF PROJECT/PROGRAM/EVENT BEING APPLIED FOR:

DATE:

ORGANIZATION CONTACT INFORMATION

Name of Organization:	
Mailing Address:	
Phone Number:	
Website/E-mail	
Incorporation Number (Societies Act)	

PRIMARY CONTACT FOR THIS GRANT APPLICATION

Name and Title:	
Phone Number:	
E-mail:	

CHECKLIST: These documents must be submitted to the Town of Taber with this Application

	Completed application form
	List of Board of Directors (include names, board positions and phone numbers)
	Organization's financial information (most recent financial statements audited)
	List of other organizations supporting this Project/Other funding sources
	Project Budget

1. PROJECT INFORMATION:

Project for which funding is being requested:	
Date of function: Specify setup/takedown	
Projected completion date:	
Category: (check one)	<input type="checkbox"/> Culture <input type="checkbox"/> Facilities <input type="checkbox"/> Recreation – Aquafun Centre <input type="checkbox"/> Recreation – Sportsfields <input type="checkbox"/> Recreation – Auditorium <input type="checkbox"/> Special Activities

Overview Statement describing the project (community need, target group, activities, etc.):

Who in the community will benefit from this project? Is it open to the general public?

Number of Taber residents who will benefit from this project:

Volunteer Participation:

a) Number of volunteers involved:

b) In what roles/activities will they be involved:

Community: How will the Community learn about the project?

Evaluation: How will your organization measure the success of the completed project?

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How will your organization provide recognition for the Town of Taber's contribution?

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Other Comments?

2. FINANCIAL INFORMATION:

<p>Grant/waiver amount requested:</p>	
<p>Grant/waiver amount requested represents what % of total budget:</p>	
<p>Have you received previous funding/waivers from the Town of Taber in past years? If so, please elaborate the purpose and the total grant/waiver amount received:</p>	
<p>If your request is not fully funded by Council, can you complete your project/event:</p>	

Please attach a detailed budget of the event including itemized revenue/expenses (if not applicable, please explain the reason on the box below).

The undersigned verifies that the information provided in this accounting form is correct and complete. The current President or Treasurer of the organization must sign this application.

_____ Signature of President/Treasurer	_____ Name (please print)
_____ Phone Number	_____ Date

This information is collected for the purposes of determining eligibility of an applicant to receive a Town of Taber grant, and is collected pursuant to the Freedom of Information and Protection of Privacy Act.

If you or your organization has any questions regarding the Town of Taber, Grant Policy, this application, or the application process, please contact the Director of Recreation at (403) 382-9521 or direct (403) 223- 6019. Completed applications, with all required documents, can be submitted to the Director of Recreation:

Regular Mail or Courier:	Fax:	E-mail:
Town of Taber Recreation Board Attention: Director of Recreation 4900 A 50 ST Taber, Alberta, T1G 1T1	(403) 223-5530	Recreation@taber.ca

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