**Langdon Recreation Grant Program Application Form**

Please type or print legibly. Applications will only be accepted for programs or projects occurring within the hamlet boundary of Langdon.

1. **ORGANIZATION INFORMATION**

Organization’s Name:

Mailing Address:

City: Province: Postal Code:

*(All correspondence and cheques will be mailed to this address)*

Contact Person:

Telephone: (W) (H) (C)

Email:

1. **TOTAL AMOUNT OF FUNDING REQUESTED:** $

(Maximum funding provided per year for annual operating or maintenance of recreation infrastructure, or programs is $40,000)  
(Maximum funding provided per year per Recreation Facility capital projects is $50,000)

1. **PLEASE DESCRIBE WHAT THESE FUNDS WILL BE USED FOR.**

(Please attach a separate piece of paper if you need additional space):

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1. How will these funds better serve the organization and Langdon community? *(Attach a separate sheet if required)*

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1. How will these funds and this project enhance your organization’s long-term financial sustainability? (Attach a separate sheet if required)

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1. **FACILITY/PROGRAM INFORMATION AND BENEFIT**

Please indicate **the number of people** (not visits or uses)who utilize your facility, amenity or program for which funding is being sought:

Hamlet of Langdon: Outside the Hamlet of Langdon:

Please describe the methodology used to quantify this number:

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Indicate which target group will benefit from your program / project. If more than one group will benefit, please assign a percentage (%) to each group:

Number Percentage Number Percentage

Children/Youth: Families:

Adults: Seniors:

How many volunteers will be involved with your project?

How many hours do you anticipate that they will contribute to this project?

1. **BUDGET**

Revenue – List all anticipated sources of project / program revenue, including grants:

|  |  |  |
| --- | --- | --- |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |

EXPENDITURES: List all Expenditures for the project this application references. Where applicable, please clearly identify the source of the quote being used for the budget.

|  |  |  |
| --- | --- | --- |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |
| 5. |  | $ |
| 6. |  | $ |

|  |  |
| --- | --- |
| Total Revenue: | $ |
| Total Expenditures: | $ |
| Anticipated Net Gain or Loss: | $ |

1. **SUPPORTING DOCUMENTS**

The following documents MUST be attached:

* Copies of three quotes or estimates for each initiative/project component (if applicable)
* Organization’s most recent Financial Statements – audited (if available) – information required is outlined by Service Alberta at <https://www.servicealberta.ca/financial-reporting.cfm>
* Annual Budget for next fiscal year
* List of organization’s officers and directors
* Other documents, as requested, required for further clarification

Print Name: Date:

Title:

Signature of Applicant: