



RECREATION & CULTURE GRANT APPLICATION

Are you applying for a Cultural ___ or Athletic Grant ___? (please check)

Individual: please complete section below:

Individual			
Name of Applicant:			
Address:			
PC:			
Telephone:	(H)	(W)	Birth Date:
Length of residence in Saprae Creek :			
Group/Organization: please complete section below			
Group/Organization			
Name:			
Mailing Address:			PC:
Alberta Societies Act Registration # (if applicable):			
Number of Active Members:		Number of Years of Organization's Local Existence:	
President's Name:		Telephone #:	(H) (W)
President's Address:			
Project Contact Person's Name:		Telephone #:	(H) (W)

Proposed Program (give details)	
Please provide details of the workshop/conference/seminar/competition/training or other that is being applied for in the space provided below:	
Length of Program (month/day/year)	
Beginning Date:	Completion Date:
Location of Program (address):	
Institution or Organization Offering Program:	
List other people accompanying applicant to program (coaches, trainers, manager, chaperones, etc.):	
Proposed Program Benefits	
Provide a short statement as to how the proposed program will be of benefit to you and/or the community in the space provided below:	

Applicant History/Involvement

Summarize the applicant's history and involvement with the sport or cultural interest in the space provided below:

Qualifying Requirements/Prerequisites

List any qualifying requirements or prerequisites needed to participate or compete in events such as competitions, program, seminars, etc., in the space provided below:

Courses/Workshops

List any other courses, workshops, or special training previously taken in this field of interest in the space provided below:

Other Funding		
List other funds applied for or expected with regards to the proposed program (scholarships, bursaries, grants, etc.) in the space provided below:		
Previous Funding		
List ALL previous grants received during the past three years from any group in the space provided below:		
Are you a paid or volunteer coach/instructor? (If applicable):		
Budget		
ANTICIPATED DIRECT COSTS OF PROGRAM		
Item Description	Amount	Notes
Registration and/or Tuition Fees	\$	\$
Books and Supplies (if not included in registration fee)	\$	\$
Equipment (if not included in registration fee)	\$	\$
Travel (specify auto, bus, air, etc.)	\$	\$
Living Accommodations (specify single or multiple occupancy)	\$	\$
Meals	\$	\$
Other (list):	\$ \$	\$
\$	\$	

REVENUES		
Item Description	Amount	Notes
SCRS Grant Requested	\$	\$
Individual Contribution	\$	\$
Provincial Association Subsidy (if applicable)	\$	\$
Other: (Name of Grant, Scholarship, Etc.)	\$ \$ \$	\$
\$		\$
If costs are for more than one program (i.e. seasonal events) please attach a budget breakdown for each program.		
AMOUNT REQUESTED FROM THIS GRANT: \$		DATE FUNDS ARE REQUIRED:
Declaration of Applicant (and Parent or Guardian if applicable)		
I/We have read the instructions and criteria and hereby make application to the Games Legacy Fund and I/we declare:		
A.	That I/we believe the applicant meets the requirements of the award program; and	
B.	The description of the intended program is accurate; and	
C.	The anticipated direct costs provided are fair and accurate; and	
D.	That I/we propose to undertake the program of training for the period and in the manner stated; and	
E.	That I/we agree to fulfil the total commitments and requirements attached to the award (should an award be granted) including the submission of the Games Legacy Funding Claim Form to the Community Services Department within two months following completion of the training program; and	
F.	Should I/we not undertake the program, I/we will refund promptly, and in full, the total grant award; and	
G.	That to the best of my/our knowledge and belief, the information provided in this application (and any attachments) is accurate and true.	

Individual: please complete section below

Individual	
Print Name of Applicant:	
Signature of Applicant:	Date:
Print Name of Parent or Legal Guardian (if applicable):	

Group/Organization: please complete section below

Group/Organization	
I/We do hereby certify that to the best of my/our knowledge this application contains a full and correct account of all matters stated herein.	
President (print name):	Signature:
Treasurer (print name):	Signature:

CHECKLIST - DO NOT WRITE BELOW THIS LINE - STAFF USE ONLY		
1. All information included	2. Two supporting letters included	3. Staff have been consulted
Staff Consultation Acknowledgement (staff to be contacted one week prior to deadline)		
Name of Applicant:	Signature of Applicant:	
Name of Staff:	Signature of Staff:	
Date:		