## **Appendix A: Category 3 Funding Application Form**

| Name of App                 | olicant (and Contact Person):                                                                                                                                                                                                                                                           |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phone #:                    | E-mail:                                                                                                                                                                                                                                                                                 |
| Mailing Address:            |                                                                                                                                                                                                                                                                                         |
| Name and Da                 | ate of Event/Initiative:                                                                                                                                                                                                                                                                |
| Activity Type               | e (please check one):                                                                                                                                                                                                                                                                   |
|                             | Hosting a Charitable Event or Community Event/Celebration;                                                                                                                                                                                                                              |
|                             | Travel to a Provincial, National, or International Event representing Crowsnest Pass;                                                                                                                                                                                                   |
|                             | Community Project or Initiative                                                                                                                                                                                                                                                         |
|                             | Other                                                                                                                                                                                                                                                                                   |
| Please attach               | h a description of your initiative, including the following information:                                                                                                                                                                                                                |
|                             | arketing value or opportunities offered to the Municipality, and the impact of the initiative and it to the community (e.g. volunteer contributions, anticipated attendance, etc.)                                                                                                      |
|                             | event/activity is for youth, family, or adults (youth/family events and organizations receive<br>ence over adult ones)                                                                                                                                                                  |
|                             | oudgeted revenue, including a breakdown of funding sources (i.e. fundraising/donations, applicar pution, grants, user fees or participant fees, etc.)                                                                                                                                   |
|                             | udgeted expenditures, including a breakdown of costs (i.e. transportation, accommodation, facilit quipment rental, food, entertainment, marketing/advertising, etc.).                                                                                                                   |
|                             | videntify the municipal facilities, equipment, services, and labor costs associated with the request is istance please contact Community Services — see below)                                                                                                                          |
| <ul> <li>provide</li> </ul> | e a summary of any municipal grants received in the current fiscal year                                                                                                                                                                                                                 |
| to the Directo              | Recipients are required to provide a brief follow-up report, including an account of expenditures or of Community Services within 60 days of the applicant's funded/supported activities occurring this who do not provide adequate reporting may not be able to access future funding. |
| Applicant Sig               | gnature: Date:                                                                                                                                                                                                                                                                          |

**Submit Applications to:** 

Joey O'Brien, Manager of Community Services Phone: (403) 563-2214

Email: joey.obrien@crowsnestpass.com

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive a Council Grant. The information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and **may become public information**. Questions regarding the collection of this information can be directed to the FOIP Coordinator at (403) 562-8833.