



COMMUNITY GRANTS APPLICATION FORM



CONTACT INFORMATION

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ POSITION: _____

MAILING ADDRESS: _____

PHONE: (home/work): _____ EMAIL: _____

PROJECT INFORMATION

NAME OF PROJECT: _____

PROJECT DESCRIPTION: _____

EXPECTED BENEFITS TO THE COMMUNITY: _____

PROPOSED BUDGET

DESCRIPTION OF EXPENSE(S)

AMOUNT

TOTAL EXPENSES: \$ _____

Requests for rental costs are still subject to the required damage deposit

REVENUE/FUNDING SOURCES:

Funding requested for the Town of Gibbons: _____

Funding provided by your organization: _____

Funding from fundraising: _____

Funding from other source: _____

TOTAL REVENUES: \$ _____

Signature

Date

Cheque is payable to: _____

THIS SECTION IS FOR OFFICE USE ONLY

Approved/Denied

Approved Amount

Administration Signature

Date

Submit Application, **no later than the second Friday of January or the second Friday in June every year** to:

Town of Gibbons
P.O. Box 68
Gibbons, AB
T0A 1N0

Phone: 780-923-3331
Fax: 780-923-3691
Email: gov@gibbons.ca

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 © 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 Town office at (780)923-3331, 4801 – 50 Avenue, P.O. Box 68, Gibbons, Alberta T0A 1N0.