



Games Legacy Award Program

For the Arts, Recreation, and Sport



APPLICATION FORM

This application is being submitted for consideration in: (Please check one of the following.)

_____ Category "A": St. Albert Community Groups that encourage developmental activities in amateur sport or the arts. (complete pages 2-6)

OR

_____ Category "B": St. Albert individuals or teams to assist with travel and/or accommodation costs for championship national or international competitions/events. (complete pages 7-11)

Application for CATEGORY "A"

(St. Albert Community Groups that encourage developmental activities
in amateur sport or the arts.)

SECTION 1: APPLICANT INFORMATION

Registered Name of the Organization:	
Mailing Address:	
Act under which Organization is Incorporated:	
Society Registration Number:	
Years Community Group has been in existence in St. Albert:	
Number of Active Members:	Number of Members who are St. Albert residents:
Primary Contact Name:	Position in the Organization:
Address:	Postal Code:
Telephone (Home):	Telephone (other)
E-Mail Address:	
Alternate Contact Name:	Position in the Organization:
Telephone (Home):	Telephone (other):
E-Mail Address:	

Has your Community Group received a St. Albert Games Legacy Award or other funding from the City of St. Albert in the past fiscal year?

Yes

No

If Yes, list the project, grant name, and amount of each funding award.

SECTION 2: EVENT INFORMATION

1. Project Start Date: _____ Completion Date: _____

Project Location: _____

2. If your Community Group is sending an individual for training or instruction please provide the name and position of the person attending.

Name: _____ Position: _____

3. Provide a description of the program/project including objectives and community benefit: (attach a brochure or program/project outline).

4. Is this program/project targeted to benefit youth? _____ Yes _____ No

If yes, describe how? _____

5. How many people will benefit from this program/project? _____

6. Is this program/project for your members only? _____

7. Is this program/project open to the general public? _____

8. Briefly describe how this program/project is beyond the Community Group's regular training or instruction:

9. Describe the Community Group's contribution to the program/project. (ie. Volunteers, fundraising, cash)

SECTION 3: FINANCIAL INFORMATION

Program/Project Budget

REVENUE	
<i>Examples of Sources of Revenue:</i>	
Club contribution, grants, cash donations, gifts in kind, registration/participant fees, requested funds from Games Legacy Grant Program or other specific sources.	
List your group's sources of revenue below:	Amount
Registration Fees	
Other fees	
Fundraising Activities	
(specify each activity);	
Bingos	
Raffles	
Other (please specify)	
Donations:	
(Do not include in-kind – only financial)	
Individual donations	
Groups or Businesses	
Grants:	
Federal Government (specify each)	
Provincial Government (specify each)	
City of St. Albert Games Legacy Grant (requested)	
Other Grant Sources (please specify)	
Other Income (please specify)	
TOTAL REVENUE	

EXPENSES	
<i>Examples of Expenses:</i>	
Presenter/Instructor fees, registration fee if attending a course, facility or rental fee, travel costs, accommodation/meals, material or supplies, or other specific items.	
<i>List your group's expenses below:</i>	Amount
TOTALEXPENSES	

<i>Requested funding from the St. Albert Community Events Grant Program</i>	
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****The maximum award available for a Category "A" applicant is \$2500.**
****Up to a maximum of 50% of the total program/project costs may be applied for.**

SECTION 4: ADDITIONAL INFORMATION

1. The City of St. Albert has embraced the "Botanical Arts City" as our new community brand. The key message within our new logo is to "Cultivate Life". Organizations and individuals receiving grant funding from the city must acknowledge receipt of the grant in event promotion and advertising, and are encouraged to promote our community brand where possible. Describe how your organization may choose to support our new community brand.

Please attach the following support information:

- A copy of your Organization's current audited financial statement.
- A copy of your Organization's budget for the forthcoming year.

Please contact Micah Seon-King, Community Recreation Coordinator, at 780-459-1716 to discuss your application and provide clarification where needed. Ms. Seon-King will provide applicants with a date and time to present their submission to the Community Services Advisory Board.

SECTION 7: DECLARATION OF APPLICANT

Declaration by Organization

We the undersigned do hereby declare that to the best of our knowledge this application:

- a) contains a full, current and accurate account of all matters stated herein;
- b) is made for and on behalf of the Organization by the undersigned;
- c) is in respect of a project which is in the best interests of the Organization and which has been officially approved by a majority vote as defined by the constitution of the Organization;
- d) we declare that the monies will be used for the purpose the application was approved within one year of application approval. If the project/program is not undertaken, the grant money will be returned;
- e) we will gratefully acknowledge the City of St. Albert's Games Legacy Award Program for any funds provided to our Community Group in any advertising that may follow, including promotion of the Community's brand where appropriate; and
- f) we agree to fulfill the commitments of this grant, which include submitting the required expenditure report within sixty days following completion of the event with a brief description of the project outcome, an evaluation of the project in relation to its objectives, copies of receipts, and a financial statement.

If granted, the cheque will be made payable to:

Name of Organization: _____

Address of Organization: _____

Signature of Chairperson/President

Signature of Treasurer

Date

Forward Application to:
Micah Seon-King
Community and Protective Services
5 St. Anne Street
St. Albert, Alberta
T8N 3Z9

459-1716 or mseonking@st-albert.net

THE GRANTING OF FUNDS IN ANY ONE YEAR SHALL NOT PRESUPPOSE AN AUTOMATIC CONTINUATION OF SUCH ASSISTANCE IN FUTURE YEARS.

FREEDOM OF INFORMATION AND PRIVACY ACT: The City of St. Albert operates under the Freedom of Information and Protection of Privacy Act. All records in its custody or under its control are subject to the provisions of this Act.

Application for CATEGORY “B”

(Funding program for St. Albert individuals or teams to assist with travel and/or accommodation costs for championship national or international competitions/events.)

SECTION 1: APPLICANT INFORMATION

Complete the following if an “<u>INDIVIDUAL</u>” Applicant	
Type of Activity:	
Name:	E-Mail:
Address:	Postal Code:
Telephone (Home):	Telephone (alternate):

Complete the following if a “<u>TEAM/GROUP</u>” Applicant	
Team/Group Name:	
Type of Activity:	Contact E-Mail:
Contact Name:	Position:
Address:	Postal Code:
Telephone (Home):	Telephone (alternate):
Please indicate the name to be printed on the cheque:	Please attach a team roster clearly indicating those team members who live within the boundary of the City of St. Albert.

The following is to be completed by both “<u>INDIVIDUAL</u>” and “<u>TEAM/GROUP</u>” Applicants. What are your non-profit governing organization affiliations?	
Local:	Provincial:
National:	

The following is to be completed by both “<u>INDIVIDUAL</u>” and “<u>TEAM/GROUP</u>” Applicants. The applications must be signed and dated by the applicant or primary contact.	
I, hereby declare that the information provided in this application is true and correct to the best of my knowledge. In the event the applicant does not participate in the competition/event, the grant money will be returned to the City of St. Albert.	
Signature:	Date:

SECTION 2: QUALIFYING EVENT INFORMATION

Complete if placement at a provincial championship or Western Canadian Championship has qualified the "Individual" or "Team/Group" to advance to a Canadian Championship. Also, complete if placement at a national championship has qualified a person or team to advance to an international competition.

Name of Qualifying Event:	
Date of Event:	Event Location:
Name of Sanctioning Organization:	
Placement in Qualifying Event:	Category (if Applicable):
Event and Results Website URL: http://	

SECTION 3: EVENT INFORMATION

Championship Event Information (the event being travelled to):

Name of Event:	Event Location:
Level (check one) <input type="checkbox"/> National <input type="checkbox"/> International	
Division or Class:	Date(s) of Event:
Name of Hosting Organization:	
Organization/Event website Address: http://	

SECTION 4: FINANCIAL INFORMATION

A. Travel Expenses to the Event (complete the chosen means of travel)

Means of Travel	Per person amount	Number of eligible applicants	Total Travel Expense for Eligible Applicants (per person amount X number of eligible applicants)
Travel by Air			
Travel by Bus			
Travel by Private Vehicle: (15¢/km per vehicle divided by the number in each vehicle)			
Travel expenses must be supported by attachment of quotations, invoices or paid receipts.			
Amount of Travel Expense			\$

B. Accommodation Expenses at the Event.

Name of Hotel:		
Number of Nights	Quoted Room rate	Total Accommodation Expense
		\$

C. Total Grant Requested

Travel Expense	\$
Accommodation Expense	\$
Total Expenses	\$
TOTAL AMOUNT OF GRANT REQUESTED**	\$

**Maximum request for individuals is \$750.

**Maximum request for teams/groups is \$1500.

SECTION 5: ADDITIONAL INFORMATION

1. Please provide a brief description of you (or your teams') accomplishments leading up to your qualification to compete at the national/international level.

2. Have you or your team received a Games Legacy grant or other funding from the city of St. Albert in the past fiscal year?

No Yes

If Yes, please complete the following:

Competition/Event: _____

Funding Received: _____ Date of Event: _____

3. The City of St. Albert has embraced the “Botanical Arts City” as our new community brand. The key message within the new logo is to “Cultivate Life”. Organizations and individuals receiving grant funding from the city must acknowledge receipt of the grant in event promotion and advertising, and are encouraged to promote our community brand where possible. Describe how you and /or your team may support our new community brand.

SECTION 6: ATTACHMENTS REQUIRED WITH THE APPLICATION

The following must be attached to the Application in order to be considered for grant funding:

<p align="center">All Applications must include the following information. (Please check the box indicating the required attachments have been included.)</p>		
1.	<input type="checkbox"/>	An official letter from the appropriate sanctioning body, which verifies the date(s) and location of the event and acknowledges the Applicant as the recognized competitor/artist. This letter should also contain the sanctioning body’s address, phone number, fax number, and name of contact person.
2.	<input type="checkbox"/>	Total travel costs (quotations) as provided by a commercial airline or bus company.
3.	<input type="checkbox"/>	Quotation for the hotel.
4.	<input type="checkbox"/>	If applying as a team, include the complete team/group roster, listing the names, addresses, postal codes of the team/group members who will be travelling from St. Albert to the event.

SECTION 7: DECLARATION OF APPLICANT

I the undersigned do hereby declare that to the best of my knowledge this application:

- a) contains a full, current and accurate account of all matters stated herein;
- b) is made for and on behalf of myself or my team/group by the undersigned;
- c) is in respect of a championship competition/event which I/we have qualified for through our provincial/national governing body;
- d) I/we declare that the monies will be used for the purpose the application was approved within one year of application approval. If the competition/event is not undertaken, the grant money will be returned;
- e) we will gratefully acknowledge the City of St. Albert's Games Legacy Award Program for any funds provided in any advertising that may follow, including promotion of the City's brand where appropriate; and
- f) I/we agree to fulfill the commitments of this grant, which include submitting the required expenditure report within sixty days following completion of the competition/event with a brief description of the event outcome, copies of receipts, and a financial statement.

If granted, the cheque will be made payable to:

Name: _____

Address: _____

Signature of Applicant

Date

Forward Application to:

Micah Seon-King
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5 St. Anne Street
St. Albert, Alberta
T8N 3Z9

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