



# Town of Sedgewick – SCHEDULE “D” -Rec Grant Program Application Form

**Applications must be submitted by May 1<sup>st</sup> and/or September 15<sup>th</sup> annually to:**

Town of Sedgewick  
P.O. Box 129  
Sedgewick, AB T0B 4C0

Email: [recreationgrants@sedgewick.ca](mailto:recreationgrants@sedgewick.ca)  
Phone: 780-384-3504

## 1.0 Applicant Information

**Organization Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person & Information:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Non-profit/Society Number** \_\_\_\_\_

## 2.0 Project Overview

**Project Title:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Phase:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Total Project Expense:** \_\_\_\_\_

**Capital Application:**

**Operating Application:**

## 3.0 Applicant Profile

**3.1 Please describe your organization and its purpose.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.2 List three organizational successes you have achieved over the past five (5) years.**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**3.3 Executive Membership (Name and Position of Pres., Vice Pres. Secretary and Treasurer only):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4.0 Project Description

**4.1 Please provide a brief summary of the project.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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4.2 Please provide a brief summary why you are requesting funding and how your program will benefit the community/region.

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4.3 Define the target age for your project.

4.4 Anticipated Users

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### 5.0 Project Budget

<b>Income:</b>		<b>Expenses:</b>	
Recreation Grant Request	\$ _____	List All Project Expenses	\$ _____
User Fees:	\$ _____		\$ _____
Fundraising:	\$ _____		\$ _____
Other (provide breakdown):	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
<b>Total:</b>	<b>\$ _____</b>	<b>Total:</b>	<b>\$ _____</b>

*\*Note all totals must BALANCE.*

### 6.0 Applicant Agreement

\_\_\_\_\_ agrees that the information in this document is true and accurate.  
Organization Name

\_\_\_\_\_ Date (mm/dd/yyyy)  
Signature/Position

#### DO NOT USE - OFFICE USE ONLY

Reviewed by:	Complete Application/Received:
_____	_____
Approved/Rejected	Approved Funding:
_____	_____
Phase: _____	50% Funds: _____
	50% Funds: _____

*\*All sections of the application must be filled out or the application shall be deemed incomplete.*