



Box 180
 Vulcan, Alberta
 T0L 2B0
 P: 403.485.2241
 Fax: 403.485.2920

Vulcan County Recreation Funding Application

DEFINITIONS

RECREATION – AN ACTIVITY RELATED TO TEAM OR INDIVIDUAL SPORTS AND DEVELOPMENT. RECREATION FACILITIES INCLUDE SWIMMING POOLS, GOLF COURSES, SKATING RINKS, CURLING RINKS, ARENAS, BEACHES, BASEBALL DIAMONDS, SPORTS FIELDS, COMMUNITY PARKS AND TRAILS AS WELL AS OTHER FACILITIES WHICH ENDORSE RECREATION. RECREATION PROGRAMS INCLUDE BASEBALL AND SOCCER PROGRAMS, PUBLIC SWIMMING, SWIMMING CLASSES, WATER SAFETY, PUBLIC SKATING, AND GYMNASTICS, AS WELL AS OTHER PROGRAMS WHICH ENDORSE RECREATION.

CULTURE – A CONNECTION BETWEEN INDIVIDUALS AND THEIR NATURAL HERITAGE AND HUMAN HISTORY, INCLUDING THE ARTS. CULTURAL FACILITIES INCLUDE MUSEUMS, COMMUNITY HALLS, PERFORMING ARTS THEATRES, AND OTHER CULTURAL FACILITIES AS WELL AS OTHER FACILITIES WHICH ENDORSE CULTURE. CULTURAL PROGRAMS INCLUDE PUBLIC SPEAKING, DRAMA, ABORIGINAL INTERPRETATION, CONCERTS, BANDS AND/OR OTHER PROGRAMS WHICH MAY BE DEEMED TO HAVE A SIGNIFICANT CULTURAL CONTENT.

OPERATING & MINOR AND MAJOR CAPITAL ASSISTANCE FUNDING

ORGANIZATION INFORMATION

Date: _____ Contact Name: _____
 Organization Name: _____ Telephone Number: _____
 Mailing Address: _____ Email Address: _____

FACILITY/PROJECT INFORMATION

1. Please provide a description of your project/program

2. Please indicate the number of people who utilize your facility, amenity, or program, for which funding is being sought who reside in:

- Vulcan County within your Recreation District:
- Towns/Villages located in your district:
- Vulcan County outside Recreation District:
- Outside Vulcan County boundaries:



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3. What is the proposed life cycle of your project/program?

4. Please provide the benefits this project will provide to Vulcan County residents

FINANCIAL DETAILS

1. TOTAL AMOUNT OF REQUESTED FUNDING:

2. Please list your estimated expenditures

| Estimated Expenditures | Cost |
|------------------------|------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total | \$ |



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3. Contributions to Project/Program

| Contributions | Hours | Totals |
|--------------------|-------|--------|
| Volunteer Work | | |
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |
| d. | | \$ |
| Equipment Donation | | |
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |
| d. | | \$ |
| Fundraising | | |
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |
| d. | | \$ |
| Donations | | |
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |
| d. | | \$ |
| Grants | | |
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |
| d. | | \$ |
| Total | | \$ |



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SUPPORTING DOCUMENTS

The following documents MUST be attached

- Quotes for the Project
- Organizations most recent financial statements
- List of Organizations Members and/or Representatives
- Other documents required for further clarification (as requested)

Print Name

Title

Date

Signature of Applicant

Letters of request MUST be signed by the designated signing authority for their organization