



Lacombe and District Recreation, Parks, and Culture Board
Facility Rental Financial Assistance Grant

Not to be used with other City of Lacombe contributions/funding sources (no stacking of grants).

APPLICATION FORM

Name of Organization: _____

Contact Person: _____

Position: _____

Telephone Number: _____

1. Description of event or service:

2. What is the date of the event? _____

3. What is the mandate of your organization?

4. How many members are there in your organization? _____

5. Who will benefit from this event? How will the grant amount benefit the participants?

6. What is the Community benefit?

7. What alternative sources of funding have been sought?

8. Facility Rental (*please include a copy of your rental agreement*)

Total Cost without GST: _____

Amount Requested: _____

9. Event Budget: Please attach a balanced budget for the event indicating anticipated revenues and expenditures. Any deficits must be explained. If you have held this event in the past please attach a financial statement of revenues and expenses for the last time this event was held.

10. Would you be willing to undertake a community project in exchange for the rental fees? If so what project would you be willing to do?

11. Additional Information.
