**LAC LA BICHE COUNTY**

**SPORTING EVENT ATTENDENCE FUNDING**

**APPLICATION FORM**

Directions for completing the grant application:

* Read the Sporting Event Attendance Funding Guidelines.
* Return completed applications to[carl.kurppa@laclabichecounty.com](mailto:carl.kurppa@laclabichecounty.com)
* For information on completing this application visit our website at [www.laclabichecounty.com](http://www.laclabichecounty.com)
* For questions, contact Carl Kurppa, Grants and Policy Coordinator, at 780-623-6794 or by email at [carl.kurppa@laclabichecounty.com](mailto:carl.kurppa@laclabichecounty.com)

**Applicant Contact Information**

Organization Information

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| --- |
| 1. Incorporated Legal Name of Organization: |
| 1. Organization Phone Number: |
| 1. Organization Email: |
| 1. Organization Mailing Address: |

Primary Contact Person

|  |  |
| --- | --- |
| 1. Contact Person: | |
| 1. Contact Email: | |
| 1. Contact Phone: | 1. Primary Contact Phone (cell): |
| 1. What is your relationship to the Organization (parent/coach/team manager, board member)? | |

**Eligibility Checklist**

|  |  |
| --- | --- |
| **Does your organization:** | (Yes/No) |
| 1. Is your team based in Lac La Biche County? |  |
| 1. Is the competition you are attending outside of Lac La Biche County? |  |
| 1. Is the competition you are attending provincial, national or international in scope? |  |
| 1. Is your team’s place secured in the competition (have you already qualified)? |  |
| 1. Is the age bracket your team is completing in either under 18 or over 65? |  |

**To qualify, all answers must be yes**

**Request Details**

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| 1. What is the name of your team? |
| 1. What age division does your team play in? |
| 1. When is the competition scheduled? |
| 1. Where is the competition taking place? |
| 1. How many players from your team will be attending? |
| 1. Will your team have accommodation costs related to the competition? (e.g. hotel costs).? |
| 1. Please provide a brief description about the competition (how did you qualify, how many teams you will be facing, how many games you will be playing, etc) |

**Sporting Event Attendance Funding**

**Application Certification**

**I Certify that:**

1. I certify that the information contained in the application is true and accurate.
2. I certify that am duly authorized on behalf of the applicant organization to submit this application, and that the organization is in support of this application.
3. I acknowledge that the submission of an application alone does not guarantee funding, and that the provision of funding is dependant upon a review and approval process.
4. I have read the Sporting Event Attendance Funding Guidelines.

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Signature of Authorized Representative** |  |
| **Name of Authorized Representative** |  |
| **Title of Authorized Representative** |  |
| **Phone Number** |  |
| **Email** |  |

Please keep a copy of this application for your records

**FOIP Statement**

The personal information is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*, RSA 2000, c F-25, and is used for administering the County’s grant funding programs. If you have any questions regarding the collection and use of your personal information, please contact the County’s FOIP Coordinator at (780) 623-1747.