



**LAC LA BICHE COUNTY**  
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# Recreation/Culture - Capital Funding Request

Application Form 20 \_\_\_\_\_

Schedule "B"

Date: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_

Project Commencement Date: \_\_\_\_\_

Equipment Make & Model: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Equipment Serial Number: \_\_\_\_\_

**BUDGET INFORMATION** (All quotes are required as per CM-71-002 or application will not be considered)

EXPENDITURES	\$	Who will this proposed project benefit? _____		
		How many community members will benefit from the proposed project? _____		
		Is this proposed project already in existence within the community? _____		
		Will this project require construction? ___ Yes ___ No		
TOTAL EXPENDITURES:		How often is the facility in question utilized? (Please list all functions held at the facility)		
REVENUE	\$	FUNCTIONS	# of Persons Involved	DATE
FUNDRAISING INITIATIVES				
OTHER FUNDING SOURCES				
LLB County Grant (no greater than 50%)	\$			
TOTAL REVENUE:				

\*If additional space is needed, please attach pages to the application

\*Note: Total expense must equal total revenue

Board of Directors/Executive Committee Endorsement Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Application must be submitted and received by Community Services by September 30th. Failure to supply all pertinent information will result in delays to the process, and shall not be the responsibility of Lac La Biche County.