



**APPLICATION FOR A GRANT IN AID**

Name of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Amount requested: \_\_\_\_\_

Total budget: \_\_\_\_\_

Other sources of funding: \_\_\_\_\_

Describe your organization. Include a short history of your organization and briefly describe its goals and objectives (attached a separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please describe how event will be open to the general public?

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How do you intend to publicize your event?

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Are there other similar events going on in the City? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

Please return this application to Administration, City Hall, 4705 – 50 Avenue, Mailing Address Box 6210, Wetaskiwin, Alberta, T9A 2E9, or [to administration@wetaskiwin.ca](mailto:administration@wetaskiwin.ca).