

City of Cold Lake

APPLICATION FOR COMMUNITY RECREATION, ART, CULTURE AND HERITAGE INVESTMENT GRANT

SECTION 1: GRANT INFORMATION			
Select the grant you are applying for:			
Development Incentive Grant			
☐ Travel Grant ☐ Equipment Grant ☐ Leadership Grant			
☐ Arts, Culture, and Heritage Grant ☐ Screen Based Production Grant ☐ Other Funding or Goodwill Requests			
SECTION 2: APPLICANT INFORMATION			
Applicant Name: Edgardo de Castro (Eddie)			
Phone Number: 780 - 545 - 9697			
Email: garwild_soccer260 de Yahoo.com			
Mailing Address: 4428 50th ave. Cold lake AB Tamay7			
SECTION 3: APPLICATION INFORMATION			
1. Legal Name of the benefitting party: (FABCA) Filipino association of bony ville & Cold lake A			
2. The benefitting party is a (Check One) : ☐ Individual ☑ Organization ☑ Organizing Committee			
3. Amount of funds being requested (must be within the Policy guidelines): \$_5,000 (Canadian Dollars)			
4. The requested funds will contribute to:			
☐ A New Initiative ☐ An Existing Initiative ☐ An Event ☐ Revival of an Inactive Project (inactive for 3+ years)			
5. If this is an Event, please provide the following information:			
Event Date: July 8-9, July 15-16, Aug. 26-27, Sept. 9-10			
Event Occurrence: Volley ball intercity, basketball Intercity, takeland cup. Volley bal			
Location: Cold lake Assumption School and cold take basketball			
6. Describe the ask for support (attach additional pages if required): We one nowle a four upcoming events this coming summer ist the Intercity volley ball and Intercity basicaball we will invite out the city in albert and possible as well is outside province the 3rd event is lakeland cup volley boul and basicaball open only for those residing in lakeland area.			
7. Describe the targeted audience, expected attendance, or membership:			
expect 200 to 300 per event			
·			

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

APPLICATION FOR COMMUNITY RECREATION, ART, CULTURE AND HERITAGE INVESTMENT GRANT

bon bar the ins	Describe how these funds will develop or enhance recreation, art, culture and heritage within the community: Dith the help of Strong fliping Counaction community in cold lake and Linyville bond together as a Reperienced sports and recreation teacher way CK home in behalf of association, we want the youth, kids, adults to withe hig event like this inviting visitor from different big city and give them piration to become a healthy community thru sports
9. Id	lentify all other fundraising strategies and requests:
. W	be one inviting some sponsors from businesses and agreense
fh	he are inviting some sponsors from businesses and advertise her company in all events that we are testan conducting
th fac	Describe how you will acknowledge the City of Cold Lake as a sponsor: Je always invite the mayor on our all major event and promoting to all of cold lake as tourist destination, our lakes, notels, restaurants illities and establishment, we will advertise the city in and of own jor and minor fournament,
11. F	Provide details of any locally sourced items, resources, or services:
SEC	CTION 3: DECLARATION
By s	igning and submitting this application form, I confirm that:
1.	The information provided on this application is true, complete and correct.
2.	I understand that the City of Cold Lake Community Grant Advisory Committee may decline this application:
	(a) If I have submitted any false statements or concealed a relevant or significant fact as both constitute misrepresentation.
	(b) If I do not comply with any request for information required by the City of Cold Lake Recreation and Culture Advisory Committee to effectively administer and maintain the integrity of the program.
	(c) At the discretion of the Committee.
3.	Any funds contributed by the City of Cold Lake will not be used to support any political or religious activities.
4.	The grant will not be funding individuals recognized as producing tobacco, alcohol, or cannabis products.
5.	I will represent Cold Lake in a positive manner and acknowledge the City of Cold Lake as a sponsor.
6.	I understand that my attendance as a delegate may be required at a Community Grant Advisory Committee meeting to speak about this application.
7.	I have read, understand and agree to abide by the terms and conditions governing the grant outlined in Policy No. 097-RC-07.
· \	Jan. 3, nor by he ar
	Date Applicant Signature

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

APPLICATION FOR COMMUNITY RECREATION, ART, CULTURE AND HERITAGE INVESTMENT GRANT

SECTION 4: DOCUMENT CHECKLIST						
Required for ALL grant applications:						
Ø	☑ Completed Application Form					
Ø	☑ Letter of support from the benefitting organization					
☐ Last Audited Financial Statements for grant requests exceeding \$5,000 (except where a structured fundraising package is being used)						
	 Budget (items, purpose, costs, proposals, fundraising strategies) The Proposed Budget chart may be used below; attach additional pages if required. 					
ADDITIONAL DOCUMENTS REQUIRED:						
Community Incentive Grant $\; o \; \square$ Outline on economic benefit to the community						
	Equipment Grant: □ Details of the asset for which funding is being requested					
Major Community Tourism Event Grant: → ■ Economic impact assessment study or equivalent						
Screen Based Production Grant: → ☐ Description of the genre or types of production						

PROPOSED BUDGET (for use where a budget hasn't already been created)					
ITEM	PURPOSE	COST (\$)			
Cash prine	champion team.	- \$ 5000			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	runner up and				
	special award				
	•				

	INTERAL OFFICE	USE ONLY	
Received by: Reception	Date: Jun 4-23	☑ Required Documents Attached	Initial:

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

(Describe the ask for support)

In connection with this we are asking for support for Cash prize for champion team, runner upo and some special awards. last summer when he did our takeland cup we provide also the asking for your good hearts to cover those expenses.

The players and expectators, we are expenses.

for more details don't he hesitate to contact men 780-545-9697

Government of Alberta ■

SOCIETIES ACT

CERTIFICATE

OF

INCORPORATION

FILIPINO ASSOCIATION OF BONNYVILLE AND COLD LAKE ALBERTA WAS INCORPORATED IN ALBERTA ON 2022/10/03.



Street / Box Number:

4806 - 45 ST

City:

COLD LAKE

Province:

ALBERTA

Postal Code: T9M1X7

Country:

Appointment Date:

2022/10/03

Resident Canadian:

Status:

Active

Officer / Director / Branch Type: Director

Last Name:

DELA CRUZ

First Name:

HERMINIO

Middle Name:

Street / Box Number:

108, 5110 - 49 ST

City: Province: COLD LAKE

Postal Code:

ALBERTA T9M1X7

Country:

Appointment Date:

2022/10/03

Resident Canadian:

Status:

Active

Officer / Director / Branch Type: Director

Last Name:

BUSTOS

First Name:

RYAN

Middle Name:

Street / Box Number:

4903 - 45 ST

City:

COLD LAKE

Province:

ALBERTA

Postal Code:

T9M1Z6

Country:

Appointment Date:

2022/10/03

Resident Canadian:

Status:

Active

Officer / Director / Branch Type: Director

Last Name:

FORONDA ROGELIO

First Name:

Middle Name: Street / Box Number:

BOX 7012

City:

BONNYVILLE

Province:

ALBERTA

Postal Code:

T9N2H4

Country:

Appointment Date:

2022/10/03

Resident Canadian:

Status:

Active

Attachment

Attachment Type	Microfilm Bar Code	Date Recorded
Notice of Directors	10000807134515311	2022/10/03
Application	10000907134515320	2022/10/03
Nuans	10000207134515314	2022/10/03
Bylaws	10000307134515323	2022/10/03
Notice of Address	10000507134515317	2022/10/03

Registration Authorized By: MICHELLE BONALES SECRETARY

The Registrar of Corporations certifies that the information contained in this statement is an accurate reproduction of the data contained in the specified service request in the official public records of Corporate Registry.

INCORPORATE SOCIETY - Registration Statement

Alberta Registration Date: 2022/10/03

Corporate Access Number: 5024666843

Business Number:

Service Request Number:

38488979

Society Name Type:

Named Society Name

Society Name:

FILIPINO ASSOCIATION OF BONNYVILLE AND COLD LAKE

ALBERTA

REGISTERED ADDRESS

Street:

4428 - 50 AVE

Legal Description:

City:

COLD LAKE

Province: Postal Code: **ALBERTA** T9M1Y7

RECORDS ADDRESS

Street:

Legal Description:

City: Province:

Postal Code:

ADDRESS FOR SERVICE BY MAIL

Post Office Box:

City:

Province:

Postal Code:

Email Address:

FABCA2022@OUTLOOK.COM

Fiscal Year End:

CAN of Entity Providing Undertaking: Undertaking Date:

Future Dating Required:

Registration Date:

2022/10/03

Officer / Director / Branch

Officer / Director / Branch Type: Director

Last Name:

DE CASTRO

First Name:

EDGARDO

Middle Name:

Street / Box Number:

4428 - 50 AVE

City: Province: COLD LAKE ALBERTA

Postal Code:

T9M1Y7

Country:

Appointment Date:

2022/10/03

Resident Canadian:

Status:

Active

Officer / Director / Branch Type: Director

Last Name:

MANUEL ARNOLD

First Name:

Middle Name: Street / Box Number:

BOX 4945

City:

BONNYVILLE

Province: Postal Code: **ALBERTA**

Country:

Appointment Date:

2022/10/03

T9N0H3

Resident Canadian:

Status:

Active

Officer / Director / Branch Type: Director

Last Name: First Name: FRANCISCO RICHARD