

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

| | Community Incentive Grant | Event Grant | | | | |
|--------------------------------------|---|--|--|--|--|--|
| Travel Grant | ☐ Equipment Grant | ☐ Leadership Grant | | | | |
| Arts, Culture, and Heritage Grant | □ Screen Based Production Grant | Other Funding or Goodwill Requests | | | | |
| SECTION 1: APPLICANT INFO | ORMATION | or medical masser set all cells 3 | | | | |
| Applicant Name: Titans | Boxing Club Inc | * | | | | |
| (check one) Individual | Organization | ☐ Organizing Committee | | | | |
| Contact Person: | Phone Number: | Email: | | | | |
| Doan Mayrond. Street Address: | 306-304-2271. Mailing Address: | dean mayrand @ hot mail City/Town: | | | | |
| 201 P. AUG TOMI IN | 2. 4719 64 AVE T9H-0A9. | Cold Lake. | | | | |
| egal Name of the Beneficial N | on-Profit or Organization: | | | | | |
| Titans | Boxine Club Inc. | | | | | |
| SECTION 2: APPLICATION II | NFORMATION | oracle frame part light pay objects. Yo | | | | |
| 1. Describe the ask for support | t (attach additional pages if required) | | | | | |
| - We are looki | ng to repeat our la martuer, on a | oust June Even 1. | | | | |
| Professional + | Dimentuer, on a | lorgol scare. | | | | |
| 1000 600 45 | ing for 600 patro | rour last event. | | | | |
| - We had is | ing for loop patro | ens this event. | | | | |
| we ene sur | 1719 1001 3000 1001 | Or the | | | | |
| 1 De Coast Viscourt to Say | | | | | | |
| benue at i | me Energy Centre | 2 here in Cold | | | | |
| hape: | | | | | | |
| | | | | | | |
| | | | | | | |

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| 2. ☐ New project ☐ | Reviving an inactive project | | | | | |
|---|---|--|--|--|--|--|
| | How long has this been inactive for: | | | | | |
| 3. Event Date: Morch 4-2023 | Your event will occur: ☐ Once ☑ Annually ☐ Regularly | | | | | |
| 4. Location Details: Cold have | e, Energy Centre-Reid Field House. | | | | | |
| | | | | | | |
| | | | | | | |
| 5. Who is the targeted audience, and ho | ow many individuals will attend this event: | | | | | |
| All ages. | 7 | | | | | |
| | | | | | | |
| 6. Identify all funding requests or arrang | gements connected to this event: | | | | | |
| Field House Renta | 2 84,495,- | | | | | |
| i i ca i i i i i i i i i i i i i i i i i | | | | | | |
| | | | | | | |
| 3 | | | | | | |
| 7. How do you feel this event supports i | recreation, art, culture and heritage within the community: | | | | | |
| This is a grant event for the City of Cold hake. Bringing in Competitors and coaches from Alberta, Saskatuwen, and British Columbia. Bringing enterlaining and exciting | | | | | | |
| and British Columbia. Bringing enterlaining and exciting | | | | | | |
| Compition. Our last event was the best we've ever bein | | | | | | |
| 8. How do you intend to acknowledge the | he City of Cold Lake and Committee as a sponsor: | | | | | |
| City of Cold hake will be added as our care sponsor on all posters and social media cutlets. | | | | | | |
| | | | | | | |
| 9. Provide details on any locally sourced items, resources, or services: | | | | | | |
| Some local services me will require. | | | | | | |
| -Ambulance. | | | | | | |
| · geneday grill will serve all UIP and will provide food for saile to patrons. | | | | | | |
| - World Dig Security | | | | | | |
| - World Dus Security - Cold Lake Brewing & Distrary | | | | | | |
| - Lale hand Inn - Best Western (to name a Lew.) | | | | | | |

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SECTION 3: DECLARATION

By signing 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 Recreation and Culture Advisory Committee may decline this application:
 - (a) If I have submitted any false statements or concealed a relevant or significant facts 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 not 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 a | gree to abide by th | ne terms and | conditions | governing the | grant outlined |
|----|-------------------------------|---------------------|--------------|------------|---------------|----------------|
| | in Policy No. 097-RC-07. | | | | | - |

Date Applicant Signature

Boxing Club. Applicant Name: Lean May 1000

Please return full application and required documents to the Department of Community Services, located at City Hall.

INTERAL OFFICE USE ONLY

Received by: Required Documents Attached Ir

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| SECTION 4: DOCUMENT CHEC | CKLIST | | | | | | |
|---|---------------------------------------|-------------------------------|--|--|--|--|--|
| REQUIRED FOR ALL GRANT APPLICATIONS: | | | | | | | |
| Completed Application Form | | | | | | | |
| Letter of support from the respective 'Not for Profit' organization (as required in criteria) | | | | | | | |
| Last Audited Financial Statements, for grant requests exceeding \$5,000 (except where a | | | | | | | |
| structured fundraising package is being used) | | | | | | | |
| Budget (may include items, | purpose, costs, proposals, and fund | draising strategies. Proposed | | | | | |
| Budget chart may be used | below; attach additional pages if req | uired) | | | | | |
| THE FOLLOWING GRANTS REQ | UIRE ADDITIONAL ATTACHMENT | rs: | | | | | |
| Community Incentive Grant: Outline on economic benefit to the community | | | | | | | |
| Equipment Grant: Details of the asset for which funding is being requested | | | | | | | |
| Major Community Tourism Event G | Grant: Economic impact assess | sment study or equivalent | | | | | |
| Screen Based Production C | Grant: Description of the genre | or types of production | | | | | |
| PROPOSED BUDGET | | | | | | | |
| Item | Purpose | Cost (\$) | | | | | |
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| | | | | | | | |
| TOTAL | | | | | | | |
| SURPLUS | | | | | | | |

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THANK YOU