**Application for Grant**

The personal information you provide on this form is being collected by Alberta Labour and Immigration under the authorization of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is managed in accordance with Part 2 of FOIP. Your personal information will be used by Alberta Labour and Immigration for the purposes of determining and verifying your eligibility for a grant and to administer the grant. If you have any questions about the collection, use, or disclosure of your personal information, or should you need to make corrections to your personal information, please contact the Director of Regional Employer Supports in writing at 6th floor Labour Building, 10808-99 Avenue, Edmonton, AB T5K 0G5, or by phone at 403-297-1940.

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| **Instructions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please ensure you:   * Read the Grant Agreement template (attached). This includes the terms and conditions you would be subject to if you are awarded a grant. * Complete [applicable](#applicable" \o "Prior to printing for signature, if textbox is not applicable or manual entry required, please delete text (\"click here\") field(s) to make field blank.) information fields below. * Complete and attach a detailed proposal, which clearly defines the scope of the program, service or project. * Include a budget in the proposal indicating all sources of funding. * [Sign](#signature) the application and submit the original and attachments for consideration. * Retain a copy of the application for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Legal Entity Name:* | | | | | **Click here to enter Legal Entity Name.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *[Operating Name](#OperatingName" \o "Enter Organization's Operating Name in the next field if it is different from the Legal Entity Name.):* | | | | | Click here to enter Operating Name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mailing address* | | | | | | | | | | | | | | | | | | | | | | *city/town, province* | | | | | | | | | *postal code* | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | Click here to enter text. | | | | | |
| *Street address* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | Click here to enter text. | | | | |
| If **incorporated**, which Act(s) is the organization regulated by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | *Business Corporations Act* | | | | |  | | *Companies Act* | | | | | | | |  | | | *Societies Act* | |  | | | | | | | | | | | |
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|  | [Alberta Corporate Access](#CORESab" \o "A unique nine or ten digit number assigned to all legal entities at the time of incorporation, extra-provincial registration, amalgamation, or continuance into Alberta.) #: | | | | | | Click here to enter text. | | | | | | | | | **and/or** | | | [Federal Corporate](#CORESfed" \o "A Number assigned to a corporation by Corporations Canada, usually a 7-digit number.) #: | | | | | | | | | Click here to enter text. | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Other (explain): | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If **not incorporated**, please check one of the following: | | | | | | | | | | | | | **If Approved: Stakeholder Copy of Duly-Signed Grant Agreement** (check preference): | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Individual | | | | | | | | |  | | | | Scanned copy via email is sufficient; send to this email address: | | | | | | | | | | | | | | | | | |
|  |  | | | Other (explain): Click here to enter text. | | | | | | | | |  | | | | Click here to enter email address. | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | |  | | | | Provide hard copy by mail. | | | | | | | | | | | | | | | | | |
| **Purpose of the organization or occupation of individual:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter one to two concise sentences about the organization or individual. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dollar value of the Grant applied for** | | | | | | | | | $ Click here to enter total dollar value requesting. | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | [Authorized Signing Officer](#ASO" \o "An Authorized Signing Officer (ASO) is typically in a senior position with the authority to commit the grant recipient to all the obligations & terms associated with any grant funds.) Signature | | | | | | | | | |  | Authorized Signing Officer Name | | | | | | | | | | | |  | | Position | | | | | |  | | |
|  | Click here to enter text. | | | | | | | | | | | | |  | Click here to enter text. | | | | | | | | | |  | | Click here to add/ select date. | | | | | | |  |
|  | Email Address | | | | | | | | | | | | |  | Phone Number | | | | | | | | | |  | | Date of Application (yyyy/mm/dd) | | | | | | |  |
|  | \*The Authorized Signing Officer (ASO) will appear as the Recipient Representative in the Grant Agreement. If you want to designate someone other than the ASO as the contact for this grant agreement, please let your grant manager know. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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| **Alberta Labour and Immigration Use Only** | | | | | | | | | | | | | | | | | | | | | | |
| **Type of grant:** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Non-Program | | |  |  | |  | | | | | | |  | | | | | | |
|  |  | | Program | | |  |  | |  | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Purpose of grant:** | | | | | | | | | | | | | | | | | | | | | | |
|  | | Click here to enter one to two concise sentences about this project and/or indicate BN attached.   * *Event Type:* Click here to enter text. * *LMP Criteria:*  Click here to enter text. * *Business Plan Reference:*  Click here to enter text. * *Strategic Priorities:* Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| Business Unit | | | | [Program Code](#ProgramCode" \o "Choose from drop-down in field below: 01249 - RES LMP's; 01111 - IWP LMP's; manual entry (select blank) - Non-Program / as needed.) | | | | [DeptID](#DeptID" \o "Choose from drop-down in field below: 0529 - RES LMP's; 2018 - IWP LMP's; manual entry (select blank) - Non-Program / as needed.) | | | | Project Code (Optional) | | | | | | Account Code | | | | |
| Select BU | | | |  | | | | Select DeptID | | | |  | | | | | | Select Description/Acct from drop-down. | | | | |
| Total Grant Amount | | | | | | | | Period Covered | | | | | | | | |  |  | | | | |
| $ Click here to enter amt. | | | | | | | | Click here to select date. | | | | | | | | | **to** | Click here to select date. | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **Payment Details:** | | | | | Lump Sum | | | | | | Installments | | | | | | | | | | | |
|  | | | | | $ Click here to enter amount. | | | | | | $ Click here to enter amount & Date/Milestone for each paymt. $ Click here to enter amount & Date/Milestone for each paymt. | | | | | | | | | | | |
| **Reporting:** | | | | | Interim Reports | | | | | | [Reporting Period](#ReportPeriod" \o "Tip: use dates &/or parameters (E.X.: from mmm dd/yy-mmm dd/yy ~OR~ all subsequent monthly reports-include first day of that month-last day of that month, final interim report includes 1st day of that month-last day of Project end ~OR~ 1/4 reporting, etc).) | | | | | | | | [Submission Deadline](#SubmissionDeadline" \o "Select date from drop-down, or delete date tool and create parameter for submission (e.g. Seventh working day of the following month).) | | | |
|  | | | | | No  Yes  If yes, complete table on right by inputting criteria/ dates required | | | | | | from the date at the beginning of this Agreement to Click here to enter date. | | | | | | | | Click here to add/select date. | | | |
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| **Recommended by:** | | | | | | | | | | | | | | | | | | | | | | |
|  | | Click here to enter text. | | | | | | | | | | |  |  | | | | | |  | Click here to select date. |  |
|  | | Name and Position | | | | | | | | | | |  | Signature | | | | | |  | Date (yyyy/mm/dd) |  |
| **Non-Program Grants Review / Approval** | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed by:** | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Division Head | | | | | | |  | Date (yyyy/mm/dd) | | | | |  | | | | | | | |
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|  | | Corporate Finance | | | | | | |  | Date (yyyy/mm/dd) | | | | |  | | | | | | | |
| **Approved by:** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  |  | | | | |  | | | | | | | |
|  | Deputy Minister | | | | | | | |  | Date (yyyy/mm/dd) | | | | |  | | | | | | | |