Town of Rimbey
Community Events Grant Program Application

Contact/Group Information

Group/Assoc: _____ Date: _____

Contact Name: _____ Title/Position: _____

GROUP/ASSOC. Mailing Address_____

Telephone Number: _____ Email: _____

Describe the primary objectives of your organization:

_____
_____
_____
_____
_____

Project/Event Information

Name of Project/Event: _____

Date of Event: _____ Expected Attendance: _____

Provide a description of the project/event for which this funding is being applied for:

_____
_____
_____
_____
_____

Project/Event Funding

What is the funding amount requested from your organization for this project/event: $ _____
Note: The maximum amount of funding available for this application is $500.00

Will your organization be requesting funds from any other sources for this project/event? If so, please list your funding sources below with anticipated funding amounts.

1. _____ $ _____

2. _____ $ _____

3. _____ $ _____

4. _____ $ _____

Budget Information

Expenses

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

Total Expenses: $ _____

Revenues

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

Total Revenues: $ _____

Net Profit/Loss: $ _____