



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: \$ _____