



Annual Golf Tournament Proceeds Application Form

Applications Open: Wednesday, April 21, 2025
Submission Deadline: Friday, May 16th, 2025 at 4:00pm

Submit completed applications to: Community Services Supervisor
2nd Floor Pembina Place
Email: cmelnick@redwater.ca
Phone: 780-942-4101
Deadline: Friday, May 16, 2025 at 4:00pm

Please attach additional sheets if required. For assistance with completing your application, please contact the Community Services Office. 780-942-4101

Incomplete applications will NOT be accepted.

Under Section 38 of the Freedom of Information and Protection of Privacy Act, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure, or destruction. Also, Municipalities must comply with Section 39 and 40 when using and disclosing personal information.

For Office Use Only:

Date and Time Received: _____

Application Reviewed By: _____

Annual Golf Tournament Proceed Recipient Application

Name of Organization:		
Name of President/Chair of Organization:		
Mailing Address of Organization:		
Town:	Province:	Postal Code:
Phone Number:		Cell Phone Number:
Email Address:		Website Address:
Is the organization a registered charity or non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Registration Number:		Length of time in operation:
Is the organization located within Redwater? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, where is the organization located:		
If application is approved, cheque is to be made payable to:		

Primary Contact Person for application:	
Position:	Phone Number:
Email Address:	Preference of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone
Secondary Contact Person for application:	
Position:	Phone Number:
Email Address:	Preference of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone

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Please provide a brief overview of your organization (mission, mandate, history):

Will your organization be able to provide any volunteers to assist at the Annual Golf Tournament?

If yes, how many? _____

Does anyone in your organization have Proserv? _____

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<p>Have you received funding from grants or other sources from the Town before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please highlight:</p>						
<p>Target Population (please check appropriate target):</p> <table><tr><td><input type="checkbox"/> General Public</td><td><input type="checkbox"/> Adults</td><td><input type="checkbox"/> Seniors</td></tr><tr><td><input type="checkbox"/> Children/Youth</td><td><input type="checkbox"/> Families</td><td><input type="checkbox"/> Other: _____</td></tr></table>	<input type="checkbox"/> General Public	<input type="checkbox"/> Adults	<input type="checkbox"/> Seniors	<input type="checkbox"/> Children/Youth	<input type="checkbox"/> Families	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> Children/Youth	<input type="checkbox"/> Families	<input type="checkbox"/> Other: _____				
<p>Check the box that BEST describes the category of funding as per the guidelines:</p> <table><tr><td><input type="checkbox"/> Arts and Culture</td><td><input type="checkbox"/> Recreation/Sport Development</td></tr><tr><td><input type="checkbox"/> Community Development</td><td><input type="checkbox"/> Family and Community Support Services (FCSS)</td></tr></table>	<input type="checkbox"/> Arts and Culture	<input type="checkbox"/> Recreation/Sport Development	<input type="checkbox"/> Community Development	<input type="checkbox"/> Family and Community Support Services (FCSS)		
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<input type="checkbox"/> Community Development	<input type="checkbox"/> Family and Community Support Services (FCSS)					
<p>Please provide details on the intended use of the funds if selected:</p>						
<p>What is the intended year the funds would be allocated to?</p> <p><input checked="" type="checkbox"/> Current Calendar Year <input type="checkbox"/> Next Calendar Year <input type="checkbox"/> Unknown</p>						
<p>What difference will receiving the proceeds make in the Redwater community and in the lives of those involved?</p>						

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Do you regularly collaborate with other community partners? If so, how does it connect to another organization to add impact to the community? How are the roles and responsibilities clearly defined?

Performance Indicators: Please indicate the performance indicators that your organization, group uses to analyze the success for program/project/events. They must be quantitative (e.g. number of attendees, volunteers, etc.) and qualitative (e.g. community satisfaction rate, program/project/event's impact, etc.).

Is there a plan in place to adjust your future planning in response to the data you collect as part of your performance indicators?

Explain the impact to the community if you are not the recipient of the proceeds from the Annual Golf Tournament.

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APPLICANTS STATEMENT

I hereby certify that I am authorized to sign on behalf of the organization and that the information contained in this application is true and correct to the best of my knowledge and that I do not have any outstanding commitments resulting from any previous initiatives funded by the Town of Redwater.

Authorized Organization Signatures

Name:	Name:
Title:	Title:
Signature:	Signature:
Date:	Date:

Checklist - Application must include the following (please check boxes):

- ☐ A completed or signed original Application Form (including and any additional pages attached as required).
- ☐ Application submitted prior to the deadline.
- ☐ Application meets all required criteria.

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SCHEDULE E: GOLF TOURNAMENT PROCEEDS APPLICATION – WORK FLOW CHART



Golf Tournament Proceeds Application - Work Flow Chart

