



AGGREGATE LEVY FUND APPLICATION

5015 49 Avenue, St. Paul, Alberta, T0A 3A4

www.county.stpaul.ab.ca

780-645-3301

countysp@county.stpaul.ab.ca

Our Mission – To create desirable rural experiences

Section 1: Organization Profile

Name of Organization: _____

Contact Person: _____

E-mail: _____ Phone: _____

Mailing Address: _____

Provide a summary of your mandate (purpose or mission) of your Organization:

Provide a summary of the programs/services/activities that your Organization currently offers to the community:

Section 2: Project Information

Project Title: _____

Project Grant Request Amount (*maximum of \$5,000 per request for a capital project*):



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Prior Application Submitted:

Yes

No

If yes, what was the date/year of prior submission? _____

If successful, please indicate the amount received. _____

Provide a brief description of the project:

What is your project focus? *(please select one):*

Community Services

Social Services

Arts

Culture

Education

Health

Environmental

Sports and Physical Activity

Who is your target audience for this project?



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What is the location of the project/initiative/event?

What is the estimated number of people who will benefit from this project?

Up to 100

101 – 500

501-1,000

1,001 – 5,000

5,001-10,000

10,000+

How did your Organization identify the need for this project?

Describe any partnerships and/or collaborations for the project.

How will your Organization communicate and market your project to the community?



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What has your Organization done in other active fundraising efforts?

Section 3: Document Checklist

Please ensure the following have been completed and submitted as a package to be considered for the Aggregate Levy Capital Funding.

Application Form

Detailed outline of project plan, estimated cost and timeline

Financial Statements (Revenues, Expenses, Assets, Liabilities)

Project budget, including revenue & expenditures

Documentation of attempts at Provincial Grant funding for this project (if applicable)

Section 4: 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 have read the [Community Aggregate Payment Levy Bylaw](#) and understand the duties and powers of the Gravel Levy Committee which may or may not result in approved grant funding.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Any personal information collected through this Application Form is for the administration of the Aggregate Levy Capital Grant Funding program. This collection is authorized under Section 4(c) of the Protection of Privacy Act (POPA). For questions about the collection of personal information, contact the County of St. Paul ATIA/POPA Coordinator at 780-645-3301.