



Clean Harbours Community Enhancement Grant Application Community Not-For-Profit Organizations

About the Organizat	tion:
Organization Name:	
Charitable or Not Fo	Profit registrations number if applicables
Charitable or Not-Fo	or-Profit registrations number, if applicable:
Organization Websit	e or Facebook Page:
Description of Organ	nization: (brief description of the purpose of the organization, where it meets or is
located, membershi	p, etc.). Additional info can be provided on a separate sheet.
Contact person:	
Mailing address:	
Email address:	
Eman addicas.	
Phone number:	





How does your organization align with the Clean Harbours Community Enhancement Grant mission and your vision?
About Your Request:
When do you require your grant? (timeline):
Please note that this grant is processed annually, so please plan accordingly.
Total cost of project, activity or event: (can be an estimate)
Amount of Grant requested:
Does your organization belong or report to an affiliate group?
Yes No
If you check yes above, please indicate the name of the affiliate organization.
Is your affiliate organization aware of and approves of your request?
Yes No

Please note: you may be required to submit approval from the affiliate organization prior to distribution of funds.





oes your project require modifications or renovations to an existing struct	ture, building or piece of
roperty? Please check one.	
es No	
you check yes above, does your organization own the property or facility?	
es Proof of Ownership attached	
Approval from Owner is attached	
as Clean Harbours provided a donation (monetary or product) to your org	anization in the past? If yes,
lease indicate whan and what was provided.	





ow will you acknow	medge of recogniz	re Clean Haido	urs contributio	11		

Ilean Harbours is u	ınable to fund you	ır request, how	will you proce	ed with the pro	ject?	

ease indicate other	sources of income	e for your proje	ect, event or act	tivity		





Clean Harbours does not provide grants to individuals or businesses.

Clean Harbours recommends that requests are made as early as possible in advance of the event or community program to allow time to complete the funding cycle process. Requests will be reviewed annually.

New applications that meet the criterea may be given priority over repeat applications.

Under normal circumstances, only one application per organization will be considered in one calendar year.

All grants require that the organization requesting the donation acknowledge the support of Clean Harbours in their public communications.

Personal information on this form is collected under Alberta's Freedom of Information and Protection of Provacy Act and will be used to respond to your request. Please be advised that award of any grant or donation will be made public by the Clean Harbours Community Relations Committee.

Clean Harbours Community Relations Committee reserves the right to attend your event or activity to obtain photos for promotional use.

The above information is correct to the best of my knowledge. Shall the funding request be approved,

I will use the money for the purpose listed above.

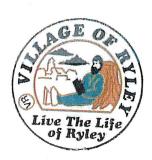
Signature:

Date:

Completed applications with any additional supporting documentation can be emailed to cao@ryley.ca by

the last day of May or November for review during the two grant cycles. Applications may also be dropped off by the last business day of May or November to the Village of Ryley Office at 5005 50 St, Ryley, AB.

For office use only - received date:



SCHEDULE A

CLEAN HARBORS COMMUNITY ENHANCEMENT FUNDS EXPENDITURE FORM



0054117					
ORGANIZATION:					
CONTACT PERSON:					
PHONE:	*				
MAILING ADDRESS:					
EMAIL:					
DATE ISSUED:					
FUNDING AMOUNT:					
PROJECT:					
penditures pertaining oject. If there are fund	to the herein named proje s left over, we will request	accept these fur ect, on the attach permission from	nds on behalf of the a ned form and forward the committee for the	bove named örganization. I to the address below upon heir expenditure,	We agree to reco completion of th
(Signature)		(Print Name)			
	(Signature)			(Print Name)	
DATE		S OF EXPENDIT	URE	(Print Name) AMOUNT	BALANCE
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		S OF EXPENDIT	URE .		BALANCE
		S OF EXPENDIT	URE		BALANCE
DATE	DETAIL			AMOUNT	
DATE	DETAIL	**************************************	*************************************		
DATE ***********************************	DETAIL		use only	AMOUNT	
DATE	DETAIL	**************************************	*************************************	AMOUNT	
DATE ***********************************	DETAIL	**************************************	use only	AMOUNT	