AGLC
Choices Albertans can trust.

# PROJECT/PROGRAM PROPOSAL

Host First Nation Charity: _____ AGLC ID #: _____

Project/Program Name: _____

Project/Program Contact Info:

Project/Program Description: (Include program information, deliverables, goals, objectives, community benefit, etc. If more space is needed, please attach a separate sheet.)

HFNCCPH Policy #: Project/Program Location:

**Gaming Proceeds Request**

Fiscal Year Funding: 20 _____/20 _____ ☐ One-time funding ☐ Multi-year funding

Total Project/Program Cost: $ _____ Total Gaming Proceeds Request: $ _____

Other Government Funding: $ _____
(i.e., AANCD targeted)

For projects/programs supported with gaming proceeds, the following documents must be submitted:

- ☐ Detailed budget summary, including program delivery costs, administration, and Wages/Salaries*
- ☐ Charity approval
- ☐ BCR (if applicable based on policy)
- ☐ Travel Itinerary (Form CSR/GAM 5443)
- ☐ Policies/procedures document (if applicable)

**Please complete the Wages/Salaries Record Form on reverse.*

# WAGES/SALARIES RECORD FORM

| Name | Position Title | Program/Employer | Start Date | Amount* |
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**Amount should include all benefits and please identify 'annual', 'hourly', 'weekly' or 'contract'*

**Protection of Privacy**

The personal information requested on this form is collected under the authority of Section 4(c) of the Alberta Protection of Privacy Act. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Automated systems may be used for internal analytics and/or support. If you have any questions, please contact our Privacy Officer at privacy@aglc.ca or via mail: AGLC, 50 Corriveau Avenue, St. Albert, AB T8N 3T5.