

Community Event \$100,000 or More

Return this form to:

 Email: gaming.useofproceeds@aglc.ca

AGLC Use of Proceeds

50 Corriveau Avenue, St. Albert, Alberta T8N 3T5

Use of Proceeds Line: 780-651-7600 ext. 9

Toll-Free: 1-855-506-1066 ext. 9

**THIS FORM MUST BE SUBMITTED AND APPROVED PRIOR TO THE USE
\$100,000 OR MORE OF GAMING PROCEEDS FOR A COMMUNITY EVENT.**

Gaming proceeds may be used for eligible community events that are open to the public and promoted to the public.

Gaming proceeds must not be used to support commercial or for-profit activities.

- Groups using less than \$100,000 in gaming proceeds do not require prior AGLC approval.
- Groups using \$100,000 or more in gaming proceeds must request prior AGLC approval.

Community event expenses may include:

- Venue or facility rental
- Rental or purchase of equipment, supplies, furnishings, uniforms, costumes, or vehicles
- Security
- Event advertising and promotion
- Wages/salaries
- Entertainment
- Fireworks
- Floats
- Clean-up
- Municipal fees, excluding items such as liquor licence fees and vendor permits
- Food and non-alcoholic beverages

Organization Information			
Name:		I.D.#:	
Address:		City/Town	Postal Code

Authorization for Application – Volunteer Elected Executive			
The undersigned confirms a) they are authorized to make this application and b) all information on or related to this application is current and accurate.			
Volunteer Elected Executive Signature		Position Held	
Legal Last Name		Legal First Name	
Legal Middle Name	Preferred Name		Date of Birth (YY/MM/DD)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		Mailing address	
City/Town	Province		Postal Code
Contact Phone	Email		

Event Information	
Date of Event:	Anticipated Attendance:
Name of Event:	
Full Address of Event:	
Description of Event:	
Method of Advertising (copy of ad in English required):	

Budget All events must be managed on a cost recovery basis (CGPH 4.2.8)			
Anticipated Revenue		Anticipated Expenses	
Ticket Sales		Venue	\$
Price per ticket:	\$	Advertising	\$
Number of tickets:	#	Printing	\$
Sponsorships	\$	Equipment	\$
Grants	\$	Food and Beverage	\$
Advertising	\$	Wage Positions: (if applicable)	
Event Program	\$	See attached form for positions not currently approved	
Food and Beverage	\$		
Other (details required):	\$	Speakers/Presenters:	\$
	\$	Performers:	\$
	\$	Others (details required):	\$
	\$		\$
	\$		\$
	\$	Other Expenses (details required):	\$
	\$		\$
	\$		\$
	\$		\$
TOTAL	\$	TOTAL	\$

TOTAL GAMING PROCEEDS REQUESTED:	\$
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Retain copies of all documents submitted to Alberta Gaming, Liquor & Cannabis

THE FOLLOWING INFORMATION MUST BE ATTACHED TO THIS FORM FOR ALL POSITIONS

- ☐ A copy of the job description for each position, including percentage breakdown of time spent on each duty. NOTE: If the job description is new or changed from what is currently approved, an updated wage/salaries form must be submitted for approval.

The group must not pay its board of directors and executive (President, Vice President, Treasurer, and Secretary or equivalent) for those roles or for services provided to the group.

Position Title:			
Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service):			
Start Date:(of Request)		End Date:	
Note additional expenses from gaming proceeds in support of this wage service, if applicable.			
Travel Expense: \$	Accommodation:\$	Food:\$	Vehicle Expense: \$
Specify if expenses will be paid directly to the individual/company <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OR</u> paid by the charity <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position Title:			
Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service):			
Start Date:(of Request)		End Date:	
Note additional expenses from gaming proceeds in support of this wage service, if applicable.			
Travel Expense: \$	Accommodation:\$	Food:\$	Vehicle Expense: \$
Specify if expenses will be paid directly to the individual/company <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OR</u> paid by the charity <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position Title:			
Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service):			
Start Date:(of Request)		End Date:	
Note additional expenses from gaming proceeds in support of this wage service, if applicable.			
Travel Expense: \$	Accommodation:\$	Food:\$	Vehicle Expense: \$
Specify if expenses will be paid directly to the individual/company <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OR</u> paid by the charity <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position Title:			
Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service):			
Start Date:(of Request)		End Date:	
Note additional expenses from gaming proceeds in support of this wage service, if applicable.			
Travel Expense: \$	Accommodation:\$	Food:\$	Vehicle Expense: \$
Specify if expenses will be paid directly to the individual/company <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OR</u> paid by the charity <input type="checkbox"/> Yes <input type="checkbox"/> No			

For Official Use Only

☐ Approved ☐ Incomplete
☐ Not Approved

Comments/Conditions: _____

