This form may be obtained from our website:



www.aglc.ca

AGLC, Use of Proceeds

Email: gaming.useofproceeds@aglc.ca 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

Request to Use Gaming Proceeds To Pay Wages / Salaries

This form must be submitted and approved before gaming proceeds can be used for wages/salaries

Gaming proceeds may be used to pay salaries, wages, fees for service or honorariums if the duties performed are essential to the group's charitable program delivery and cannot be reasonably performed by a volunteer. Position roles and responsibilities must include specialized training, expertise, and/or skills required to deliver the charitable program or to develop additional charitable programs.

Payment for administrative positions such as receptionists, bookkeepers, and other clerical positions, and executive directors whose functions are primarily administrative, are limited within 30% allowed for administrative expenses (see CGPH 4.3.2) - the submission of the wage/salary form is not required.

Facility related positions such as janitorial, maintenance, including snow removal, lawn care, and ice maintenance, etc are approved as per Facility Policy 4.4.10 and do not require the submission of a wage/salary form.

Officiating and judges' fees are eligible as a Program Related Expense (CGPH 4.3.16) and do not require prior approval.

A Request to Amend Use of Gaming Proceeds form is not required when submitting a Request to use Gaming Proceeds to Pay Wages/Salaries.

lame				ID#		
Address	ss Cit		Province	Postal Code		
Authorization for Applicati	on – Volunteer Elected	Executive				
The undersigned confirms a application is current and a volunteer elected executive for services provided to the	ccurate and c) acknowle (President, Vice Presid	edges that the group	must not pay its b	oard of directors and		
Volunteer Elected Executive Signature		Position Held				
	Legal Last Name		Legal First Name			
Legal Last Name		Legal First Name				
	Preferred Na		Date of Birth	n (YY/MM/DD)		
Legal Middle Name	Preferred Na		Date of Birth	n (YY/MM/DD)		
Legal Last Name Legal Middle Name Mailing Address City/Town	Preferred Na		Date of Birth			

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)	art Date:(of Request)		nd 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 directl	ly to the individual/company	Yes No OR pai	d by the charity Yes 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 \(\subseteq \text{Yes} \subseteq \text{No} \) No \(\text{QR} \) paid by the charity \(\subseteq \text{Yes} \subseteq \text{No} \)						
Position Title:						
Rate of Pay (specify hourly, monthly, annually, honorarium, or fee for service):						
Start Date:(of Request)		End Date:	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 directl	ly to the individual/company	Yes No <u>OR</u> pai	d by the charity Yes 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 Yes No OR paid by the charity Yes 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 gamin	g proceeds in support of this	wage service, if applica	ble.			
Travel Expense: \$	Accommodation:\$	Food:\$	Vehicle Expense: \$			
Specify if expenses will be paid directly to the individual/company Yes No OR paid by the charity Yes No						
For Official Use Only						
Approved Incomplete						
Not Approved						
Comments/Conditions:						