

## Request to Use Gaming Proceeds To Pay Wages / Salaries

AGLC, Use of Proceeds  
 Email: [gaming.useofproceeds@aglc.ca](mailto: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

**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.**

### Organization Information

Name			ID#
Address	City/Town	Province	Postal Code

### Authorization for Application – Volunteer Elected Executive

The undersigned confirms a) they are authorized to make this application b) all information on or related to this application is current and accurate and c) acknowledges that the group must not pay its board of directors and volunteer elected executive (President, Vice President, Treasurer, and Secretary or equivalent) for those roles or for services provided to the group.

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		

### 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

<input type="checkbox"/> Approved <input type="checkbox"/> Incomplete <input type="checkbox"/> Not Approved
Comments/Conditions: _____ _____ _____

### 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](mailto:privacy@aglc.ca) or via mail: AGLC, 50 Corriveau Avenue, St. Albert, AB T8N 3T5.