

Addressing the Agriculture Labour Task Force Grant Application for Funding

Please indicate which Grant Stream you are applying for:

Grant Stream 1

Improve Awareness of Agriculture and Agri-food Related Careers

Grant Stream 2

Support the Improvement of Human Resources Practices and Capacity

Organization Information			
Legal Name	Operating (Common) Name	Year Established	
Business Number			
Organization Address			
City or Town	Province	Postal Code	
Telephone Number Ext.	E-mail Address		
Mailing Address (if different from above)			
City or Town	Province	Country	Postal Code
Organization Contact			
Primary contact – This should be your primary contact person with respect to this application.			
First Name		Surname	
Position Title			
Organization Contact – Address *			
Same as Organization Address		Same as Organization Mailing Address	
Different (include below)			
Contact Address (mandatory field if different from Organization Address)			
City or Town	Province	Country	Postal Code

Telephone Number (mandatory field if different from Organization Number)		E-mail Address	
Secondary contact – This should be your secondary contact person with respect to this application in case primary contact cannot be reached.			
First Name		Surname	
Position Title			
Organization Contact – Address			
Same as Organization Address		Same as Organization Mailing Address	Different (include below)
Contact Address (mandatory field if different from Organization Address)			
City or Town	Province	Country	Postal Code
Telephone Number		E-mail Address	

Organizational Capacity
How many employees does your organization currently have?
Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any past experience aligned with the grant program, such as media campaigns, career events, etc.

Project Identification	
Project Title	
Planned Project Start Date (yyyy-mm-dd)	Planned Project End Date (yyyy-mm-dd)

Project Objectives (must be clearly linked to the objectives of the program to which you are applying).

Project Activities (must be broken down into clear steps).

Expected Results/Impact of the Project (must be clearly linked to the project objectives and be specific, concrete, and measurable).

Will any other organization, networks, or partners be involved in carrying out the project? Yes No

If 'Yes', please clearly identify the role(s) and expertise they will bring to the project:

Budget Details If additional space is required, please attach a separate spreadsheet to your application.

Item Number	Activities	Expense Amount (\$)	Grant Requested Amount (\$)
Project Total			

In order for your application to be eligible, an official representative who has the capacity and the authority to submit proposals and enter into contracts and agreements on behalf of your organization must complete this section of the form. By doing so, you are attesting to the following three points:

I have the capacity and the authority to submit this Application for Funding on behalf of the application organization.

I certify and warrant on behalf of the organization and in my personal capacity that the information provided in this Application for Funding and any supporting documentations is true, accurate, and complete.

I have read the Applicant Guide and understand the program's requirements.

Official Representative Name (print)	
Title (print)	Date (YYYY – MM – DD)

Signature

Funding is being provided through the Canada-Alberta Labour Market Development Agreement

