



**Addressing the Agriculture Labour Task
Force Grant
Application for Funding**

Please indicate which Grant Stream you are applying for:		
Grant Stream 1 <input type="checkbox"/> Improve Awareness of Agriculture and Agri-food Related Careers		
Grant Stream 2 <input type="checkbox"/> Support the Improvement of Human Resources Practices and Capacity		
Organization Information		
Legal Name	Operating (Common) Name	Year Established
Business Number	MD or County Name	
Organization Legal Address		
City or Town	Province	Postal Code
Telephone Number Ext.	E-mail Address	
Mailing Address (if different from above)		
City or Town	Province	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 Legal Address	Same as Organization Mailing Address	Different (included below) <input type="checkbox"/>
Contact Address (mandatory field if different from Organization Address)		
City or Town	Province	Postal Code
Direct and/or Cell (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
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Position Title

Organization Contact — Address
Same as Organization Legal Address Same as Organization Mailing Address <input type="checkbox"/> Different (included below) <input type="checkbox"/>

Contact Address (mandatory field if different from Organization Address)
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City or Town	Province	Postal Code
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Direct and/or Cell Number	E-mail Address
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Organizational Capacity

How many employees does your organization currently have? Total _____ Full-time _____ Part-time _____ Seasonal _____
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Private: For Profit Business Non-Profit: Non-Profit Organization

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 (DD-MM-YYYY)	Planned Project End Date (DD-MM-YYYY) *Nov 30, 2026, Latest End Date
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Project Objectives (must be clearly linked to the objective of the grant stream to which you are applying).

Project Activities (must be broken down into clear steps — point form preferred).

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

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

If "Yes," please provide their name and website address. Identify the role(s) and expertise they will bring to the project (point form preferred). You are welcome to attach proposal(s) directly:

Budget Details If additional space is required, please attach a separate spreadsheet to your application. Note: GST is not an eligible expense.

Activities	Expense Amount (\$CAN)	Grant Requested Amount (\$CAN)
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 Program Overview and the Terms and Conditions and understand the program's requirements.

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

Signature: _____

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

