AGLC
Alberta Gaming & Liquor Commission

PROJECT/PROGRAM PROPOSAL

Host First Nation Charity: AGLC ID #:

Project/Program Name:

Project/Program Contact Info:

Project/Program Description: (Include program information, deliverables, goals, objectives, community benefit, etc. If more space is needed, please attach a separate sheet.)

HFNCCPH Policy #: Project/Program Location:

Gaming Proceeds Request

Fiscal Year Funding: 20 _____/20 _____ ☐ One-time funding ☐ Multi-year funding

Total Project/Program Cost: $ Total Gaming Proceeds Request: $

Other Government Funding: $
(i.e., AANCD targeted)

For projects/programs supported with gaming proceeds, the following documents must be submitted:

- ☐ Detailed budget summary, including program delivery costs, administration, and Wages/Salaries*
- ☐ Charity approval
- ☐ BCR (if applicable based on policy)
- ☐ Travel Itinerary (Form CSR/GAM 5443)
- ☐ Policies/procedures document (if applicable)

**Please complete the Wages/Salaries Record Form on reverse.*

(Cont'd on reverse)

WAGES/SALARIES RECORD FORM

Name	Position Title	Program/Employer	Start Date	Amount*

**Amount should include all benefits and please identify 'annual', 'hourly', 'weekly' or 'contract'*