



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			
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	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 <input type="checkbox"/>		Same as Organization Mailing Address <input type="checkbox"/>	
Different (included below) <input type="checkbox"/>			
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 <input type="checkbox"/>		Same as Organization Mailing Address <input type="checkbox"/>	Different (included below) <input type="checkbox"/>
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? Total _____ Full-time _____ Part-time _____ Seasonal _____

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) *Feb 14, 2025, Latest End Date

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 organization, 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):

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

Item Number	Activities	Expense Amount (\$CAN)	Grant Required 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 (YYYY - MM - DD)

Signature: _____

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

