



Authorized Representative Consent Form

This form allows you to name a person as your authorized representative to communicate on your behalf with the Alberta Foundation for the Arts (AFA) for the purposes of applying for project grants and scholarships and completing project reporting. Your signed consent is required if you want AFA to communicate with your authorized representative.

Section 1: Applicant's Consent I, the undersigned, hereby give permission to AFA to communicate with my authorized representative named below and to act on information received from my authorized representative. I understand that this consent will remain valid unless I notify AFA, in writing, that my consent has been revoked.	
Print Name	Signature
Date (month, day, year)	
	f of the applicant and I may give and receive information on behalf of the applicant and communicating with AFA.
Print Name	Signature
Date (month, day, year)	Email
Mailing Address	
Telephone Number	

Section 3: Protection of Your Personal Information

Personal information is collected for the purposes of administering Alberta Foundation for the Arts granting programs. Information may also be shared with Alberta Arts, Culture and Status of Women, which provides consultative and administrative assistance to these programs. This collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP Act) and is protected by the privacy provisions of the FOIP Act. Consent allows for the collection, use and disclosure of information for the purposes described above. For questions regarding consent or about the collection of personal information, please contact:

Ministry/Division: Arts, Culture and Status of Women, Arts Branch/Alberta

Foundation for the Arts

10708 105 Avenue, Edmonton, Alberta, T5H 0A1

780-427-9968 (toll-free within Alberta by first dialing 310-0000)

AFAcontact@gov.ab.ca