

COMMUNITY VIBRANCY GRANT Application

Read the grant guidelines before beginning this application form. Please respond to all questions and attach additional pages as required.

NOTE: No handwritten applications will be accepted.

I. APPLICANT DETAILS

Name of Applicant/Society/Group: _____

Name for Cheque Issue (if different than above): _____

If Applicable:

Society Number: _____ and/or Charity Number: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Contact Name: _____ Home Phone: _____

Position in Organization (if applicable): _____ Business Phone: _____

Mobile Phone: _____ Email: _____

Website (if applicable): _____

Secondary Contact Name: _____ Position in Organization (if applicable): _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Email: _____

II. PROJECT SUMMARY or EVENT SUMMARY

Title of project you are requesting funding for: _____

Grant Amount Requested: \$ _____

Project Dates: From: _____ To: _____
mm/dd/yy *mm/dd/yy*

Project Location: _____

Estimated Attendance: _____

If partial funding is granted, will this event still take place: Yes No

Additional pages may be included, if answering the following questions, requires more space than the form allows.

III. PROJECT PROPOSAL

Please include attachment(s) that answer the following questions. If some questions are not applicable to the project, please explain.

1. One sentence description of project

2. Detailed description of the project [may include photos]
[Attach photos with grant email, being aware of size, as large attachments will not send.]

3. Describe how the project is aligned with the Community Vibrancy Grant objectives including deliverables and outcomes
 - Deliverables: handouts produced, kits distributed, presentations given, partnerships solidified for \$XXX.XX of funding, supplies purchased and handed out, one-day community festival staged, for examples
 - Outcomes: what you seek to achieve, what change you hope to make, etc.

4. Describe how the project is aligned with the City Council's strategic priorities; link: www.medicinehat.ca/reports

5. For **NEW EVENTS/PROJECTS**, please describe how the project has the potential to impact a large number of residents in a positive, worthwhile, and meaningful manner and how you plan to measure the impact. Leave this section blank if this event was held in previous years and proceed to Question #6.

6. For events that have been held in **PREVIOUS YEARS (ONGOING EVENTS)**, please describe the impact this event held in previous years, and how you plan to measure the impact for this upcoming event. If this is the first year of this event, leave this section blank and ensure you have completed Question #5.

7. Describe how the project allows for active or passive participation at little or no cost to attendees

8. Describe how this project provides opportunities that are inclusive and accessible to all

9. Describe the innovative aspects of this project

10. Describe how this project might promote volunteerism and build capacity in the community

Number of volunteers **and** number of volunteer hours involved:

11. Describe how this project provides opportunities for partnerships with community organizations and local business

12. Describe your evaluation plan. How will you evaluate the success of the project? What specific measurement tools and/or survey questions will you ask participants to measure the success of the project. Ensure these measurements are realistic and align with the project scope.

13. Describe how you intend to acknowledge the support of the City of Medicine Hat in the promotion of the approved project

Applicants may be asked to make a project presentation to the selection committee.

IV. PROJECT BUDGET

Complete the Budget Form (Appendix A) to list all revenue and expenses related to the proposed project.

Revenue - list all revenue directly related to the proposed project including, but not limited to:

- Amount requested from the City of Medicine Hat
- Any amounts requested or received from all sources such as other government agencies, community organizations and groups, foundations, private donors, sponsors, etc.
- Fundraising revenue
- Revenue received as fees/admissions from project participants (if applicable)
- Gifts in kind

Expenses - list all expenses directly related to the proposed project including, but not limited to:

- | | |
|----------------------------|--|
| • Advertising | • Venue Rental |
| • Entry/Registration Fees | • Travel & Accommodation |
| • Equipment Rental | • Royalties |
| • Food & Beverage Supplies | • Honorariums |
| • Materials/Supplies | • Permits/Licenses |
| • Insurance | • Capital Expenditures (\$500 maximum) |

When completed, Appendix A is included, and makes up part of the complete

application. Note: Applications consisting of more than 12 pages will not be considered.

Photos and letters of support may be included in the application.

If you have any questions or require further clarification, please call the Community Vibrancy Grant Administrator @ 403.529.8316.

V. FESTIVALS/EVENTS

Has this festival/event occurred in the past? Yes No

If yes, please include positive outcomes/data from past events.

VI. DECLARATION

Handwritten or electronic signatures are acceptable.

Part A

I, the undersigned, certify that the statements and information contained in this application are accurate and complete.

Part B

I, the undersigned, understand that if this application is successful, the applicant will receive a cheque for the amount approved.

By cashing the cheque, the applicant agrees to:

- use the funds for the purpose for which they were granted
- be responsible for the planning and execution of the proposed initiative
- if the project cannot be completed as described in the application, the City must be notified as soon as possible to discuss return of funds
- maintain separate accounting for the proposed initiative
- submit the final evaluation, and final financial statement showing the actual revenues and expenses, to the City of Medicine Hat within 60 days of the event/project completion for each year of your grant
- acknowledge the support of the City of Medicine Hat in the promotion of the approved initiative

Name of applicant

Signature of applicant

Position within organization

Name of applicant

Signature of applicant

Position within organization

Date of Application: _____

Note: Applicants will not be eligible for a grant in the next granting cycle until after all the current required final reporting has been received by the City of Medicine Hat.

**COMMUNITY VIBRANCY GRANT
Budget Form**

Proposed Project Budget: Please include expected expenditures and expected revenues.			
Revenues (please specify)		Expenditures (please specify)	
City Grant Requested	\$	Advertising	\$
			\$
Fees/Admission (if applicable)	\$	Rentals	\$
			\$
Sponsorship	\$	Materials/supplies	\$
	\$		\$
Other Grants	\$	Honorariums	\$
	\$		\$
Fundraising	\$	Insurance	\$
	\$		\$
Gifts in Kind	\$	Permits, Licenses	\$
	\$		\$
Other (please list)	\$	Other (please list)	\$
	\$		\$
	\$		\$
	\$		\$
Total	\$	Total	\$

BUDGET NOTES (if required):

Grant Application Scoring Rubric

Criteria		Scores			
<i>Question # the Rubric is referring to:</i>		Score of 9-10	Score of 6-8	Score of 3-5	Score of 0-2
1 & 2	Project Description (may include photos)	Project description is clearly defined; it is easy to determine the project scope and it is clear that the project was clearly thought out and researched.	Project description is general, but it is still a good project/idea that can be understood.	Project description needs clarity and further planning. Still, it is possible to understand what the project/idea is.	Unclear project description or lacks planning and research.
3	Alignment with grant objectives	Aligns with all objectives of the grant.	Aligns with a significant portion of the grant objectives.	Aligns with some of the grant objectives.	Little to no alignment with grant objectives.
4	Alignment with Council Strategic Priorities	Aligns with multiple strategic priorities.	Aligns with two strategic priorities.	Aligns with one strategic priority.	Very weak alignment with strategic priorities.
5	Potential # of Community Members Impact for new (1 st time) events	Potential to profoundly impact a large number of residents.	Potential to impact a large number of residents in a casual manner.	Potential to profoundly impact few residents.	Potential to impact few residents in a casual manner.
6	Previous # of Community Members Impact for ongoing events	Past projects profoundly impacted a large number of residents.	Past projects impacted a large number of residents in a casual manner.	Past projects impacted few residents profoundly.	Past projects impacted few residents in a casual manner.
7 & 8	Inclusivity and Accessibility	The entire project is accessible and inclusive.	A significant portion of the project is accessible and inclusive.	Less than 50% of the project is accessible and inclusive.	Provides limited or no options for accessibility and inclusion.
9	Innovation		Project is highly innovative.	Project offers some aspects of innovation.	Project offers little to no innovation.
10	Volunteers Involvement		Involves over 20 volunteers.	Involves fewer than 20 volunteers.	Does not involve any volunteers.
11	Community Partnerships		More than five community partnerships.	One to five community partners.	No community partners.
12	Evaluation Plan	There is a detailed, clearly defined, outlined, and realistic plan for documenting and evaluating the success of the grant – including how the outcomes will be measured.	There is an outlined plan for documenting and evaluating the success of the grant, however the outcomes are not realistic.	Plan for documenting and evaluating the success of the grant is present but not extensive, and/or does not include how the outcomes will be measured.	No plans for documenting and/or evaluating the success of the grant, or plans are limited or unclear.
On Page 6	Budget	Budget is clear and outlines in extensive detail: - financial ask from City of Medicine Hat	Budget is clear and outlines in satisfactory detail: - financial ask from City of Medicine Hat	Budget lacks clarity and outlines in limited detail: - financial ask from City of Medicine Hat	Budget unclear and does not outline in sufficient detail: - financial ask from City of Medicine Hat

	Budget continued:	<ul style="list-style-type: none"> - expenses and revenues (cash and in-kind) - how funding will be spent (on what, how many and for how much) Expenses are deemed eligible and reasonable.	<ul style="list-style-type: none"> - expenses and revenues (cash and in-kind) - how funding will be spent (on what, how many and for how much) Expenses are deemed eligible and reasonable.	<ul style="list-style-type: none"> - expenses and revenues (cash and in-kind) - how funding will be spent (on what, how many and for how much) Expenses are deemed eligible and may/or may not be deemed reasonable.	<ul style="list-style-type: none"> - expenses and revenues (cash and in-kind) - how funding will be spent (on what, how many and for how much) Expenses are deemed ineligible and/or may be unreasonable.
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Total Score: /94

Please email completed application to bonyar@medicinehat.ca

Application must be received by 3 pm on Friday, March 31, 2023. Late applications will not be considered.

The personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c. F-25 (FOIP Act), the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the Freedom of Information and the Protection of Privacy Act and will be used for the purpose of determining eligibility and to ensure contact information is available for grant verification, follow up reports, and financial accountability. If you have any questions regarding the collection of this information, please contact the FOIP Head through the City Clerk’s Office, City of Medicine Hat, 580 First Street SE, Medicine Hat, AB T1A 8E6 Telephone 403 529 8234.