



**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

III. PROJECT PROPOSAL

Include attachment(s) that provides the following Project information: (Please answer the following questions. If some questions are not applicable to the project, please explain.)

1. One sentence description of project
2. Describe how the project is aligned with the Community Vibrancy Grant objectives including deliverables and outcomes
 - a) 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
 - b) Outcomes: what you seek to achieve, what change you hope to make
3. Describe how the project has the potential to impact a large number of residents in a positive, worthwhile and meaningful manner
4. Describe how the project allows for active or passive participation at little or no cost to local residents
5. Describe how this project provides opportunities that are inclusive and accessible to all
6. Describe how this project might promote volunteerism and build capacity in the community
7. Describe how this project provides opportunities for partnerships with community organizations and local business
8. Provide a brief plan for the project and information about your organization's ability to carry out and complete the project
9. Describe the criteria you will use to evaluate your project's results and how you will measure success
10. Describe how you intend to acknowledge the support of the City of Medicine Hat in the promotion of the approved project
11. 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
- Entry/Registration Fees
- Equipment Rental
- Food & Beverage Supplies
- Materials/Supplies
- Capital Expenditures (\$500 maximum)
- Insurance
- Venue Rental
- Travel & Accommodation
- Royalties
- Honorariums
- Permits/Licenses

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

Note: Applications consisting of more than 10 pages will not be considered.

V. DECLARATION

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 requested
- 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
- provide applicable receipts for all expenditures
- expend all granted funding by September 30, 2022, regardless of the grant's issue date
- submit an evaluation and a financial statement to the City of Medicine Hat within 60 days of the event or by October 31, 2022, whichever comes first
- 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: _____
mm/dd/yr

**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)