

ARTS, CULTURE & HERITAGE MICROGRANT APPLICATION

Please read the Grant Guidelines before filling out this application form. Please respond to all questions.

APPLICANT DETAILS

1. Event/Project Name: _____

2. Grant Amount Requested: \$_____ (maximum \$500)

3. Name of Primary Contact: _____

Mailing Address: _____ Medicine Hat, AB

Postal Code: _____ Phone #: _____ Email: _____

4. Name of Secondary Contact (if applicable): _____

Mailing Address: _____ Medicine Hat, AB

Postal Code: _____ Phone #: _____ Email: _____

EVENT/PROJECT SUMMARY

1. Event/Project Date(s): From: _____ To: _____
mm/dd/yy mm/dd/yy

2. Where will you Event/Project occur? (address and/or neighborhood):

EVENT/PROJECT PROPOSAL DETAILS

(Extra pages may be attached if you need more space.)

Please answer the following questions.

1. Please describe your project. What will you do?

2. What difference do you hope your project will make in your community? There are so many great ways to create greater vibrancy in your community. Check all that apply:

Events that are **barrier free** to all such as music performances, theatre acts and art shows.

Projects, events and experiences that are **co-created** with others, such as community art projects, community band concerts, or heritage tours.

Projects, events, and experiences that honour **Indigenous** culture.

Projects that create and promote **beautiful** and clean spaces and inspire pride.

Projects and experiences that **advance** arts in the community such as multicultural music festivals.

Projects that **animate** the community, such as street parties, outdoor movies nights, or murals.

Other. Please explain:

3. Besides the City of Medicine Hat grant, what other income do you have for this event/project? (Please see guidelines document for a list of examples.)

4. What expenses will the grant be used for? (Please see guidelines document for a list of allowable expenses.)

The online application form is available at: www.medicinehat.ca/microgrant

Paper copies of this grant application form can be picked up at the Esplanade Arts & Heritage Centre reception desk Tuesday to Saturday, 12 noon – 5 pm. Completed application forms can also be dropped off at the Esplanade.



DECLARATION

Handwritten or electronic signatures are acceptable.

This application must be signed by the primary and secondary contacts.

By signing below, I confirm that all information I have provided is true, complete, and accurate to the best of my knowledge.

I also understand that if this application is successful, the I will receive an email asking them to agree to the terms of the grant (please see Guidelines) by return email. By cashing the cheque, I agree to:

- use the funds for the purpose for which they were requested
- be responsible for the planning and running the event/project
- inform the City as soon as possible if the project cannot proceed as applied for to discuss the return of the funds
- keep separate receipts for the event/project expenses
- spend all the grant funding by December 31 of the year the grant was received in
- provide a final event/project summary within 30 days of the event/project
- use the City of Medicine Hat microgrant logo in all advertising and promotions

Name of primary contact: _____

Signature of primary contact

Name of secondary contact (if applicable): _____

Signature of secondary contact (if applicable)

Please return completed grant application by EMAIL to bonyar@medicinehat.ca

If you have any questions or require further information, please call the Microgrant Administrator @ 403.529.8316.

“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.”