



SPECIAL CULTURAL EVENTS ASSISTANCE GRANTS

Special Cultural Events Application

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

I. APPLICANT DETAILS

Name of Applicant/Society/Group:

Name for Cheque Issue (if different than above):

Society Number:

Charity Number:

Mailing Address:

City:

Province:

Postal Code:

Organization Contact Name:

Position in Organization:

Home Phone:

Business Phone:

Mobile Phone:

Email:

Website (if applicable):

Secondary Contact Name:

Position in Organization:

Home Phone:

Business Phone:

Mobile Phone:

Email:

II. PROJECT SUMMARY

Title of project you are requesting funding for:

Type of project: Existing New

Project Summary:

(Describe the project - maximum 50 words)



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II. PROJECT SUMMARY (continued)

Grant Amount Requested:

Project Dates From: To:

 mm/dd/yy mm/dd/yy

Project Time:

Project Location:

Estimated Attendance:

III. PROJECT PROPOSAL

Please attach a description of the project touching on the following key points (maximum 2 pages):

- Why is funding needed?
- Who is your target audience?
- Have you formed any partnerships for this event?
- Outline the goals to be achieved through this event, the artistic merit of the activity, and the artistic impact of the activity.
- Provide a project plan for the event and information about your organization's ability to carry out and complete the project.
- What are the criteria you will use to evaluate your event's results and how will you measure success?

IV. PROJECT BUDGET

Attach a budget that lists 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.
- Indicate whether the funding is confirmed
- Fundraising revenue
- Revenue received as fees/admissions from program participants (if applicable)

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

- Advertising
- Entry/Registration Fees
- Equipment Rental
- Food & Beverage Supplies
- Honorariums
- Insurance
- Materials/Supplies
- Royalties
- Travel & Accommodation
- Venue Rental

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V. DECLARATION

Part A

I, the understated, 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:

- Provide the City of Medicine Hat with a revised budget if the approved grant amount is less than the requested amount,
- Spend the money as proposed in the budget,
- Consult with the City of Medicine Hat about any major changes to the project that become necessary including significant budget revisions,
- Acknowledge the support of the City of Medicine Hat when possible and appropriate, and
- Provide the City of Medicine Hat with a final report, including a financial report that explains how the grant was spent.

signature of applicant

name (print)

position with organization

date

signature of board chair or president

name (print)

date

PrintForm