

SPECIAL CULTURAL EVENTS ASSISTANCE GRANTS Competition 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/Group:

Name for Cheque Issue (if different than above):

Mailing Address:

City:

Province:

Postal Code:

Home Phone:

Business Phone:

Mobile Phone:

Email:

Website (if applicable):

Organization Name:

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)

**SPECIAL CULTURAL EVENTS ASSISTANCE GRANTS APPLICATION
Competition Application**

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 organization board chair or president

name (print)

date

PrintForm