

SPECIAL CULTURAL EVENTS ASSISTANCE GRANTS Competition Application

Read the grant guidelines before beginning this application form. **PLEASE NOTE:** No handwritten applications will be accepted.
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

Grant Amount Requested: \$

Project Summary:
(Describe the project - maximum 50 words)

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II. PROJECT SUMMARY (continued)

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

Project Time:

Project Location:

Number of Competitors:

III. PROJECT PROPOSAL

Why is funding needed?

Have you formed any partnerships for this event? Yes No If yes, list below:

Outline the goals to be achieved through this event, the artistic merit of the activity, and the artistic impact of the activity.

What are the criteria you will use to evaluate your event's results and how will you measure success?

IV. PROJECT BUDGET

Expand on the budget form below as required, ensuring that it 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
- Other (revenue sources which do not fall under the above categories)

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

- Entry/Registration Fees
- Equipment Rental
- Insurance
- Royalties
- Materials/Supplies
- Travel & Accommodation
- Other (costs accrued which do not fall under the above categories)

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Project Budget: Please include expected expenditures and expected revenues.			
Revenues (please specify)		Expenditures (please specify)	
City Grant Requested	\$	Entry Fees	\$
Admission/Registration (if applicable)	\$	Rentals	\$
Sponsorship	\$	Materials/supplies	\$
Other Grants	\$	Honorariums	\$
Fundraising	\$	Travel	\$
Other	\$	Other	\$
Total	\$	Total	\$

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: _____

Position within the organization: _____

Name: _____

signature of organization board chair or president*

Date of Application: _____

**please note, signatures can be digital or handwritten*