

Name of Community Organization:	Date of Application:
Act Registered Under:	Registration Number:
Name of Sponsoring Group (if above group is not a Society):	Sponsoring Group Registration Number:
First Contact Person: Mailing Address:	Position: Telephone: Email:
Second Contact Person: Mailing Address:	Position: Telephone: Email:

PROJECT TITLE:
FUNDING AMOUNT REQUESTED: \$
BRIEF PROJECT DESCRIPTION: (Details of the project to be completed on Page 2 of this application.)

Project Budget: Please include expected expenditures and expected revenues.			
Revenues		Expenditures	
Community Development Grant	\$		\$
Group Contribution (at least 20%)	\$		\$
Other Contributions	\$		\$
Total	\$	Total	\$

We, the undersigned, certify that, to the best of our knowledge, the information outlined in this application is complete and accurate. Furthermore, we agree to the following conditions:

1. That this project does not involve major capital expenditures.
2. That separate accounting will be maintained for this project.
3. That all promotional material on this project will acknowledge the support of the City of Medicine Hat.
4. That an evaluation and financial statement will be submitted to the Community Development department of the City of Medicine Hat at the end of the project.
5. That all application questions are completed.

Signature:	Print Name:
Date:	Position Title:

PROJECT TITLE:

1. Briefly outline and justify the need for funding for this project (attach any statistics you may have).

2. Briefly describe the project objective as it relates to an existing community social need.

3. To which of City Council's six strategic priorities for 2019 – 2022 does the project relate:

Financial Sustainability

Infrastructure Renewal

Economic Vitality

Community Safety and Vibrancy

Sunshine Hospitality

City Government

4. If this project will emphasize prevention, please describe how.

5. If this project will build individual or community capacity, please describe how.

6. If this project will support or promote volunteerism, please describe how.

7. If this project will encourage self-help efforts, please describe how.

8. Does this project in any way duplicate an existing service or program?

9. List individuals and/or groups who support your project.

10. Identify any other funding sources you have applied to for this project.

Please attach additional pages, as required.