



**PART B – GRANT REQUEST**

AMOUNT OF GRANT REQUEST \$  UNDER \$20,000  OVER \$20,000

WHAT IS THE MAIN SECTOR YOUR ORGANIZATION SERVICES? (CHECK ONE)

- ARTS & CULTURE
- ENVIRONMENT
- \*HOME HEMODIALYSIS (Contact Grant Facilitator)
- HERITAGE/HISTORY
- SOCIAL
- SPORTS & RECREATION
- OTHER

PURPOSE OF GRANT: (Outline what the project is, where it will take place and why it is needed, including any evidence, needs assessment, etc.)

COUNCIL'S PRIORITIES: Select the one (1) priority this project/program/services aligns with and outline the proposed outcome(s) for the project/program/service

<b>STRATEGIC PRIORITIES</b> – select only 1	<b>OUTCOME(S) – no more than 2</b> (What do you hope to achieve as a result of this project/program/service?)
<input type="checkbox"/> Amazing Quality of Life	1. 2.
<input type="checkbox"/> Amazing Neighborhoods	1. 2.
<input type="checkbox"/> Amazing Relationships	1. 2.
<input type="checkbox"/> Amazing Opportunities	1. 2.
<input type="checkbox"/> Amazing Partnerships	1. 2.

COMMUNITY IMPACT: (Please include the benefits the community of Chestermere would receive as a result of this grant. Also include who within the community would benefit.)

ARE THERE PROJECTS/PROGRAMS/SERVICES OF SIMILAR NATURE BEING OFFERED IN THE COMMUNITY?

YES       NO

IF YES, HOW WILL THE ORGANIZATION'S PROJECT/PROGRAM/SERVICE COMPLEMENT, ENHANCE, OR DIFFER FROM THOSE OTHER PROJECT/PROGRAMS/SERVICES?

**PART C - PROJECT FUNDING**

PLEASE INDICATE WHAT OTHER SOURCES OF FUNDING HAVE BEEN RECEIVED OR APPLIED FOR:

- OTHER LEVELS OF GOVERNMENT       ROCKY VIEW COUNTY  
 FUNDRAISING       DONATIONS       OTHER SOURCES

PLEASE PROVIDE SPECIFIC DETAILS:

WHAT WILL BE THE IMPLICATION IF A MUNICIPAL GRANT IS NOT APPROVED? (i.e. Will your project/program/service still be able to occur).

THE CITY OF CHESTERMERE IS TO BE RECOGNIZED AS A SOURCE OF FUNDING. IDENTIFY HOW RECOGNITION OF THE CITY WILL BE PROMOTED.

IF APPLICATION IS FOR A SPECIAL EVENT, PLEASE ANSWER THE FOLLOWING:

1. How many participants are expected?
2. How large an attendance/audience is expected?
3. Will there be a charge for attendance?
4. What areas (locations) will the activities take place?

HOW MANY VOLUNTEERS AND VOLUNTEER HOURS WILL BE CONTRIBUTED TO THIS PROJECT/EVENT? DESCRIBE HOW YOU WILL TRACK VOLUNTEER CONTRIBUTIONS AND YOUR PLAN TO RECRUIT, TRAIN AND RECOGNIZE VOLUNTEERS?

**PART D – Signature of Authorized Officials (s) of the Organization**

Signature: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_

## City of Chestermere Community Grant Budget Summary



Income	Amount Proposed
Cash Donations	\$
Program Fees (Registration, Admission)	\$
In kind contributions (please list)	
1.	\$
2.	\$
Other Grants (please list)	
1.	\$
2.	\$
Other Sources (please list)	
1.	\$
2.	\$
3.	\$
<b>Total Income</b> (without City of Chestermere funding assistance)	<b>\$</b>

Expenditures: (Identify in-kind expenditures with *)	Amount Proposed
Wages, Honorariums	\$
Program Support / Material Cost	\$
Facilities / Studio / Office Costs	\$
Travel Costs	\$
Advertising and Promotion	\$
Other direct related expenditures (please list):	
	\$
	\$
	\$
	\$
<b>Total Expenditures</b>	<b>\$</b>

Projected Surplus / (Deficit) without City of Chestermere funding assistance	\$
<b>REQUESTED GRANT AMOUNT</b>	<b>\$</b>

OTHER FUNDING SOURCES		
Name of Organizations	Amount Requested	Amount Received
1.	\$	\$
2.	\$	\$
3.	\$	\$

\*Upon follow up, copies of receipts must be submitted and calculated as Follow Up Actual's on this form. Variations between Amount Proposed and Follow Up Actual should be explained in the follow up report. The City of Chestermere should be advised of any major changes in the budget prior to expenditure. This financial statement must show the entire eligible project expenses incurred, not just the amount granted by the City of Chestermere Community Grant.