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| --- | --- |
|  | **Grants to Organizations**  **Application Form** |

A logo with text and flowers

Description automatically generated

**Organization Details**

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |
| --- | --- |
| **Mailing address:** |  |

|  |  |
| --- | --- |
| **Contact person:** |  |

|  |  |
| --- | --- |
| **Phone and**  **email:** |  |

|  |  |
| --- | --- |
| **Registration**  **number:** |  |

|  |  |
| --- | --- |
| **Number of**  **members:** |  |

**Please provide proof of insurance with your application.**

**In which of the following areas is the organization involved (check all that apply)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Arts |  | Environment |  |
| Community spirit |  | Heritage |  |
| Community well-being and/or fitness |  | Recreation |  |
| Culture |  |  |  |

**Initiative Details**

|  |  |
| --- | --- |
| **Initiative name:** |  |

|  |  |
| --- | --- |
| **Initiative location,**  **Date, and time:** |  |

|  |  |
| --- | --- |
| **Initiative**  **description:** |  |

|  |  |
| --- | --- |
| **Grant amount**  **requested:** |  |

|  |  |
| --- | --- |
| **Are volunteers or other organizations involved?**  **(if yes, please described)** |  |

|  |  |
| --- | --- |
| **How will this**  **initiative impact**  **the community?** |  |

**Financial Details**

**Please identify the anticipated expenses and revenues associated with the initiative (including the grant request amount)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Anticipated expenses** | **Amount ($)** | **Anticipated revenues** | **Amount ($)** |
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| **Total** |  | **Total** |  |

**If you receive less than your request, would you still be able to conduct the initiative (Please circle one): yes or no**

**Other Details:**

1. **You can submit any additional information with this application, that you believe pertinent to Council’s understanding of the initiative and/or your organization.**
2. **Submissions will be accepted between August 1st and October 31st for initiative in the upcoming year.**
3. **Decisions will be made by the Council prior to December 31st and in conjunction with the Town’s budget adoption.**

**Complete application must be submitted to:**

**Attention: Grant Coordinator**

**PO Box 750, 4901 – 50 Ave, Calmar AB T0C 0V0**

**Or**

**By email at:** [**grants@calmar.ca**](mailto:grants@calmar.ca)