

Community Grant Program Application

Registered name and address of Organization:

Alberta Registry Number: _____

Name of Chairperson/President: _____

Address: _____

Telephone / Cell Number: _____

Email Address: _____

Name of Secretary/Treasurer: _____

Address: _____

Telephone / Cell Number: _____

Email Address: _____

Name of Primary Contact Person: _____

Address: _____

Telephone / Cell Number: _____

Email Address: _____

Funding Category

- Community Grant
- FCSS Grant

Name of Project: _____

Date of Project: _____

Anticipated Attendance: _____

Past Year Attendance: _____

3. The Town of Bon Accord's tagline is "Building for Tomorrow". The key pillars within the brand are Culture, Environment, and Education. Organizations and individuals receiving grant funding from the Town must acknowledge receipt of the grant in project promotion and advertising, and are encouraged to promote the brand where possible. Describe how your organization and/or project are planning to support the brand.

4. Has your Organization received a Community Grant or other grant funding from the Town of Bon Accord in the past two years?

Yes No

If yes, complete the following:

Project Name:

Funding Received:

\$ _____
\$ _____
\$ _____
\$ _____

PROGRAM BUDGET

REVENUE	
<i>Examples of Sources of Revenue:</i>	
Club contribution, grants, cash donations, gifts in kind, registration/participant fees, requested funds from Community Grant Program or other specific sources.	
<i>List your group's sources of revenue below:</i> please specify	Amount
TOTAL REVENUE	

Volunteers	
<i>List your group's volunteer roles:</i> please specify roles and number	Hours
TOTAL VOLUNTEER HOURS	

