



City of Camrose Community Grants Application for Funding

SECTION A – ORGANIZATIONAL INFORMATION

Name of Applicant or Organization: _____

Mailing Address: _____

Contact Name/Title: _____ / _____

Telephone: _____

Email: _____

Canada Revenue Agency (CRA) Charitable Number: _____

a) Are you raising funds for another group? Yes No

If so, whom _____

SECTION B - ELIGIBILITY INQUIRIES

a) Are you located within the City of Camrose? Yes No

b) Are you a registered political party, registered constituency association or registered candidate? Yes No

c) Are you a for-profit organization? Yes No

d) If awarded, are you willing to acknowledge the City of Camrose's contribution publicly?
 Yes No

e) If awarded, are you willing to enter into the Community Grants - Grant Agreement with the City of Camrose including reporting on the results of the program, service or event?
 Yes No

The applicant does not qualify for the Community Grants Program if questions a), d) or e) have been answered "NO" or if questions b) or c) have been answered "YES".

- f) Have you received grant funding from the City of Camrose in the past?
 Yes No

If yes, provide the name of the Project, Program, Event or Special Initiative, the grant funding amount received, and the year you received the funds.

<u>Name</u>	<u>Amount</u>	<u>Year</u>

- g) Have you provided a Community Grants Accountability Statement? Yes No

If no, why not?

SECTION C – PROJECT, PROGRAM, EVENT OR SPECIAL INITIATIVE INFORMATION

- a) Provide the funding amount requested for the Project, Program, Event or Special Initiative program service or event \$_____

- b) Provide the date funding required for the Project, Program, Event or Special Initiative

Date: _____
 (mm /dd /yy)

- c) Describe and outline the objectives of the applicant.

d) When will the Project, Program, Event or Special Initiative be completed and operational?

Dated: _____
(mm /dd /yy)

e) Will the Project, Program, Event or Special Initiative benefit the City of Camrose and its residents? Yes No

If yes, describe who will benefit, how many will benefit, and how they will benefit.

f) Describe any long-term benefits for the City of Camrose and its residents.

g) Describe how it is currently being funded.

h) List all additional sources from which funding has been requested to date and sources which will be requested prior to the date funding is required.

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- i) If you are unsuccessful in receiving a grant from the City of Camrose, what will be the effect on the Project, Program, Event or Special Initiative you provide?

SECTION D - OTHER INFORMATION

Will the Project, Program, Event or Special Initiative:

- a) Require liability insurance coverage? Yes No

If yes, please provide the following information:

Insurance Company: _____

Policy Number: _____

Amount of Coverage: \$ _____

- b) Require municipal licensing? Yes No

- c) Require a road closure? Yes No

- d) Require any additional assistance or service in-kind from the City? Yes No

If yes, please describe:

SECTION E – ATTACHMENTS

a) Provide the following additional information if applicable:

- Mission Statement or Statement of Purpose for your organization
- List of Board Members
- Detailed budget for the event, project or program
- Copy of financial statements for the most recent year

SECTION F – SUBMISSION OF APPLICATION FOR FUNDING

a) Submit completed Application for Funding with attachments to:

City of Camrose
City Hall c/o Financial Services
5204 – 50 Avenue
Camrose, AB T4V 0S8
For more information contact: 780.672.4426, Extension 1015

Form Completed By:

Signature of Applicant or Organization: _____

Signature of Applicant or Organization (printed): _____

Dated: _____
(mm /dd /yy)

The personal information that is being collected under Section 33 and is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have questions, contact the FOIP Coordinator at (780) 672-4426 ext. 1063.