

# APPLICATION FOR FUNDING

To: **Airdrie & District Community Foundation**

Date: \_\_\_\_\_

## PART A: ABOUT YOUR ORGANIZATION/GROUP

Please complete the following. Your organization/group may not have some of the information, so if it is not available, please indicate "N/A". Please keep this information brief in order to facilitate funder review.

ORGANIZATION NAME (FOR THE GROUP RESPONSIBLE FOR ACCOUNTING FUNDS):		
ORGANIZATION ADDRESS:		
CONTACT NAME:	CONTACT PHONE NUMBER:	
CONTACT FAX NUMBER:	E-MAIL ADDRESS:	
_____		
INCORPORATION NUMBER:	INCORPORATION DATE:	
CHARITABLE DONATION NUMBER:	_____ R R _____	
CHARITABLE ORGANIZATION NAME:		
EXECUTIVE DIRECTOR (IF APPLICABLE):		
NUMBER OF STAFF:	FULL TIME	PART TIME
<b>AMOUNT REQUESTED:</b> \$ _____		

### AUTHORIZATION FOR APPLICATION:

NAME: _____	POSITION: _____	SIGNATURE: _____
NAME: _____	POSITION: _____	SIGNATURE: _____

A1. GUIDING PRINCIPLES: (THESE MAY BE THOUGHT OF AS BELIEFS/VALUES/PHILOSOPHY)

A2. MISSION/MANDATE: (WHAT YOUR ORGANIZATION/GROUP DOES. IDENTIFY ANY LEGISLATION THAT GOVERNS YOUR MANDATE)

A3. GOALS OF YOUR ORGANIZATION: (THIS WILL ENCOMPASS THE BROAD VIEW OF YOUR TOTAL ORGANIZATION/GROUP)

A4. PROGRAMS AND SERVICES: (LIST THE PROGRAMS AND SERVICES THAT ARE PROVIDED, AND DESCRIBE EACH IN ONE SENTENCE. THIS WILL GIVE THE FUNDER AN OVERVIEW OF YOUR ORGANIZATION/GROUP)

A5. BOARD OF DIRECTORS: (INCLUDE THE NAMES, ADDRESSES AND PHONE NUMBER OF YOUR CURRENT BOARD OF DIRECTORS IF APPLICABLE.)

NAME OF THE PROGRAM/PROJECT/SERVICE/INITIATIVE:

- B1. PURPOSE OF THE PROGRAM (WHAT IT IS INTENDED TO DO, HOW WILL IT ASSIST THE TARGET POPULATION?)
- B2. TARGET POPULATION/GROUP (WHO WILL BE SERVED? WHERE ARE THEY LOCATED GEOGRAPHICALLY? [STATE PERCENTAGE IN AIRDRIE AND OTHER RESPECTIVE COMMUNITIES])
- B3. COMMUNITY NEED (WHY IS THERE A NEED FOR THIS PROGRAM IN THE COMMUNITY AND HOW HAVE YOU DETERMINED THIS NEED? WHAT IS THE NEED? WHAT DEMOGRAPHIC INFORMATION OR STATISTICS SUPPORT THE COMMUNITY NEED? ARE OTHERS IN THE COMMUNITY OFFERING A SIMILAR PROGRAM?)
- B4. COMMUNITY PARTICIPATION (WHAT RESOURCES, STRENGTHS OR ASSETS ALREADY EXIST THAT YOU CAN BUILD ON? WHAT PARTNERSHIPS, LINKAGES OR NEW DIRECTIONS (THAT YOU CAN BUILD ON) ARE IN YOUR COMMUNITY? HOW WILL VOLUNTEERS BE INVOLVED IN THIS PROGRAM? WHAT OPPORTUNITY WILL THERE BE FOR CLIENTS TO PARTICIPATE IN THE PLANNING AND DELIVERY OF THIS PROGRAM?).
- B5. OBJECTIVES (WHAT ARE THE SPECIFIC OBJECTIVES OF THIS PROGRAM THAT RELATE TO THE FUNDING THAT YOU ARE REQUESTING THIS YEAR?).
- B6. FITTING YOUR MISSION/MANDATE (HOW DOES THIS PROGRAM FIT YOUR OVERALL ORGANIZATIONAL/GROUP'S MISSION/MANDATE AND HOW DOES IT RELATE TO YOUR ORGANIZATIONAL/GROUP GOALS?).
- OR
- IF THIS APPLICATION IS ON BEHALF OF A PARTNERSHIP OR CONSORTIUM, HOW DOES THE PROGRAM FIT THE APPLICANT'S MANDATE AND GOALS?
- B7. HOW WILL IT OPERATE (GIVE A DESCRIPTION OF HOW THE PROGRAM WILL OPERATE. HOW MANY STAFF WILL BE INVOLVED; WHAT QUALIFICATIONS DO YOU REQUIRE? ARE THERE ENTRY REQUIREMENTS TO THE PROGRAM? IF SO, WHAT ARE THEY? WHERE WILL THE PROGRAM OPERATE FROM?).
- B8. MEASUREMENT TO ENSURE ACCOUNTABILITY (HOW WILL YOU KNOW IF YOU HAVE BEEN SUCCESSFUL WITH YOUR TARGET POPULATION? WHAT MEASURES WILL YOU USE AND WHAT WILL THEY TELL US ABOUT OUTCOMES? HOW WILL YOU REPORT TO THE FUNDER? (I.E. MONTHLY).

**FUNDING**

- B9. HOW DOES THIS PROGRAM FIT WITH THE MANDATE OF THE FUNDER, I.E., PREVENTION, EARLY INTERVENTION, ETC. - AS APPROPRIATE.
- B10. INDICATE ANY OTHER FUNDERS FOR THIS PROGRAM. WILL YOU BE FUNDRAISING FOR PART OF THE OPERATING EXPENSES, AND IF SO, HOW MUCH? (OPERATING EXPENSES INCLUDE BOTH ADMINISTRATION AND PROGRAM COSTS)
- B11. PROVIDE A BUDGET SPECIFIC TO THE PROGRAM/PROJECT/SERVICE, INITIATIVE YOU ARE REQUESTING FUNDING, AND **INDICATE VERY CLEARLY HOW MUCH FUNDING YOU ARE REQUESTING.**

**Please provide a copy of your most recent financial statements**

# DECLARATION OF INTENT:

(to be completed by a signing authority of your organization)

As the applicant, I declare that if awarded a grant by the AIRDRIE & DISTRICT COMMUNITY FOUNDATION, it shall be used solely and explicitly for the purposes stated in this application and in accordance with the statement of expenditure (budget) as submitted and approved. Any portion of the grant funds not used for these purposes, or any portion not required to complete the project or meet the described objectives, will be returned to the AIRDRIE & DISTRICT COMMUNITY FOUNDATION, unless prior written permission to vary these purposes is obtained from the Foundation.

***I agree to provide, within 60 days of project completion:***

- a report detailing the use to which the funds were applied.***
- copies of all publicity and/or printed materials associated with the project***
- a detailed statement of revenues and expenditures***
- any other relevant information as may be required by the Foundation to satisfy their accounting requirements.***

As a condition of accepting assistance from the AIRDRIE & DISTRICT COMMUNITY FOUNDATION. I agree to permit an auditor appointed by the Foundation or recipient to examine all books and records having any connection with the monies received.

Applicant signature: \_\_\_\_\_

Print name and position: \_\_\_\_\_

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

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## STATUTORY DECLARATION:

*In the matter of a grant request for \_\_\_\_\_ (name of project)*

I, \_\_\_\_\_ (name) of \_\_\_\_\_ (address), \_\_\_\_\_ (postal code) in the \_\_\_\_\_ (city/town) in the Province of Alberta, do solemnly declare that I, as \_\_\_\_\_ (official position "the applicant") am the person designated to receive and disburse funds on behalf of \_\_\_\_\_ (registered name of organization)

and that all statements made or presented by me in this application are true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Applicant Signature \_\_\_\_\_

DECLARED before me in the \_\_\_\_\_)

of \_\_\_\_\_)

in the Province of Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ A.D.)

\_\_\_\_\_)

A commissioner for Oaths/Notary Public  
For the Province of Alberta

MY APPOINTMENT EXPIRES \_\_\_\_\_