APPLICATION FOR FUNDING

SMART & CARING COMMUNITIES GRANT

**To: Red Deer & District Community Foundation**

**Date:** Click or tap to enter a date.

**PART A ABOUT YOUR ORGANIZATION**

ORGANIZATION NAME: Click or tap here to enter text.

ORGANIZATION ADDRESS: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

CONTACT NAME: Click or tap here to enter text. CONTACT PHONE NUMBER: Click or tap here to enter text.

CONTACT FAX NUMBER: Click or tap here to enter text. E-MAIL ADDRESS: Click or tap here to enter text.

WEB-SITE: Click or tap here to enter text. YEARS IN CONTINUOUS OPERATION: Choose an item.

INCORPORATION NUMBER: Click or tap here to enter text. INCORPORATION DATE: Click or tap here to enter text.

CHARITABLE DONATION NUMBER: Click or tap here to enter text.

CHARITABLE ORGANIZATION NAME: Click or tap here to enter text.

NAME OF PROJECT: (if applicable): Click or tap here to enter text.

EXECUTIVE DIRECTOR (if applicable): Click or tap here to enter text.

NUMBER of STAFF: Choose an item. NUMBER of FULLTIME: Choose an item.

 *IF OTHER PLEASE INDICATE*: Click or tap here to enter text. *IF OTHER PLEASE INDICATE*: Click or tap here to enter text.

NUMBER of PART TIME: Choose an item. NUMBER of VOLUNTEERS: Choose an item.

 *IF OTHER PLEASE INDICATE:* Click or tap here to enter text. *IF OTHER PLEASE INDICATE:* Click or tap here to enter text.

AMOUNT REQUESTED: Click or tap here to enter text.

**Authorization for application:**

Name: Click or tap here to enter text. Position: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Click or tap here to enter text. Position: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A1. MISSION AND GUIDING PRINCIPLES: (overall purpose of your organization – may be thought of as values and philosophy)

Click or tap here to enter text.

A2. MANDATE: (what your organization does - identify any legislation that governs your mandate)

Click or tap here to enter text.

A3. GOALS OF YOUR ORGANIZATION FOR THE NEXT 1-3 YEARS:

Click or tap here to enter text.

A4. PROGRAMS AND SERVICES: (list of programs and services you provide, including information on history, capacity and past successes)

Click or tap here to enter text.

A5. BOARD OF DIRECTORS: (attach a list of names, city of residence and backgrounds of your current board of directors)

Click or tap here to enter text.

PART B WHAT YOU ARE REQUIRING FUNDING FOR….

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 review.

B1. NAME AND DESCRIPTION OF THE PROGRAM OR PROJECT:

 Click or tap here to enter text.

B2. TARGET POPULATION/GROUP (Who will be served? Where are they located geographically? State percentage in Red Deer and other respective communities)

 Click or tap here to enter text.

B3. PURPOSE OF THE PROGRAM (what it is intended to do, how will it assist the target population?)

 Click or tap here to enter text.

B4. COMMUNITY NEED (Why is there a need for this program in the community and how have you determined that this need exists? What demographic information or statistics support the assertion of community need? Are others in the community offering a similar program?)

 Click or tap here to enter text.

B5. COMMUNITY PARTICIPATION (What resources or assets already exist and how are you building on them? What partnerships or other relationships can you leverage within your community and how are you doing so? 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?).

 Click or tap here to enter text.

B6. FIT WITH YOUR MISSION AND MANDATE (How does this program fit your overall organization’s mission and mandate? How will it further your organizational goals?).

 Click or tap here to enter text.

B7. HOW WILL IT OPERATE (How will the program operate. For example, how many staff and volunteers will be involved; what qualifications do they require? Where will the program operate from?).

 Click or tap here to enter text.

B8. OBJECTIVES AND ANTICIPATED OUTCOMES (What are the specific objectives and outcomes that are expected from the program that funding is being requested for?)

 Click or tap here to enter text.

B9. MEASURING SUCCESS: (How will you define success - what criteria or measures will you use to determine if the program has been successful? How do these metrics reflect the anticipated outcomes?)

 Click or tap here to enter text.

B10. AWARENESS: (What steps will you take to promote this program and your organization within the community? What tools will you use to accomplish this? What will you do to communicate the Foundation’s participation in the program)

 Click or tap here to enter text.

FUNDING

B11. PROVIDE A LIST OF OTHER EXISTING OR PROPOSED FUNDERS FOR THIS PROGRAM. WILL YOU BE FUNDRAISING FOR PART OF THE OPERATING EXPENSES, AND IF SO, HOW MUCH?

 Click or tap here to enter text.

B12. PROVIDE A BUDGET SPECIFIC FOR THE PROGRAM BEING APPLIED FOR INCLUDING THE FUNDING YOU ARE REQUESTING.

 Click or tap here to enter text.