



CHESTERMERE

Community Grant Application

Please ensure that you **provide full, complete, concise and clear answers** to the questions on this form. Failure to provide the required information may result in your application being ineligible. Missing or unclear information may result in the application being delayed or rejected.

If you have attachments (e.g. insurance certificate), please label your attachments according to the section on this form to which you are including.

Part A – Community Agency/Organization Information				
Name of Community Agency or Organization:				
Mailing Address:		City/Town:	Province:	Postal Code:
Primary Contact Name and Position:		Telephone Number:		
		E-mail Address:		
Agency/Organization Type (please check one): <input type="checkbox"/> Registered Charity <input type="checkbox"/> Not-for-Profit/Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> No Status <input type="checkbox"/> Other (please specify):				
Business / Charitable Number (Canada Revenue Agency):	Incorporation Number:		Year of Incorporation:	
Does your Agency/Organization have an Operating Board?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current financial statements or proof of financial stability of the Agency/Organization provided as part of application.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outline the Mission, Purpose and Objectives of Your Agency/Organization:				



CHESTERMERE

Part B – Grant Request

Name of Proposed Project,
Program, Service, Event:

Amount of Grant Request:

What is the Main Sector of Your Application Request? (please check one):

- ☐ Arts & Culture ☐ Community Benefit ☐ Heritage/History
☐ Sports & Recreation ☐ Other (please specify): _____

Part C – Provide details on the proposed project/program/service

1. Outline what the project is. What are the main objectives and goals of this initiative and what change or outcomes do you want to achieve?

2. Where and when will the project take place?



CHESTERMERE

3. How will the participants and/or the community benefit from this project?

How many participants are expected?

4. Are there projects of a similar nature being offered in the community? If so, how will this project complement, enhance or differ from those currently operating?

5. How will your organization assess the effectiveness or success of the program/project?



CHESTERMERE

6. What is the determined need for this project?

7. How does this project align with [Council's Priorities](#) and the most recent [Social Needs Assessment](#)?

8. Collaborative Partnerships

List formal and informal collaborative partnerships and describe how they would contribute to the successful service delivery of this initiative. Describe any complementary efforts, including other multi-sector collaborations in the community that could potentially enhance or align with the proposed project. (Add additional lines as required)

Name of collaborative partner	Description



CHESTERMERE

9. Volunteers

Projected number of volunteers specific for **this project**.

Projected number of volunteer hours specific for **this project**.

How will you recruit, train and recognize volunteer contributions to this project?

Part D – Safety, Equity and Inclusion

1. Please describe how your program will actively promote inclusivity, ensuring broad access and removing barriers for marginalized or underrepresented groups.

2. State what safety practices will be/are in place for participants, personnel, and volunteers.



CHESTERMERE

Part E – Funding and Budget

1. Identify how the City of Chestermere will be recognized as a source of funding.

2. Will there be a charge for attendance or participation?

☐ Yes ☐ No

If Yes, please provide details regarding pricing.

3. Have you been a recipient of grant funding from the City of Chestermere in the past/current? (Community Grants, FCSS/United Way Grants, Vitality Grants)

☐ Yes ☐ No

If Yes, please list grant source, grant year and amount awarded for the **last three years**.

4. If you were not awarded the total amount of your grant request, would you still be able to run this project?

☐ Yes ☐ No

If Yes, please indicate the minimum amount of grant funding that would allow you to still be able to run this project?

How would the project be adjusted to run on minimum amount of grant funding?



CHESTERMERE

5. Please list any other funding planned for this project. Include secured, planned and in-kind contributions along with estimated amount.

Proposed Funding Source (i.e. grants, fund-raising, donations, admission fees, membership fees, etc.)	Amount	Secured, Planned, or In-Kind



CHESTERMERE

Please complete the below budget outline for this project. Please provide a detailed breakdown and as much information as possible for **ALL** expenditures related to your application. Amounts should be designated to be covered either by the Agency or the Grant Request. For ineligible expenditures you will not be able to designate these amounts towards your Grant Request.

EXPENDITURE CATEGORY	Agency Cost	Grant Request	TOTAL AMOUNT
A. DIRECT SERVICE DELIVERY STAFFING COSTS - please list positions separately including proposed FTE per position or approximate hours per position			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
B. DIRECT PROJECT DELIVERY COSTS - Associated directly with the delivery of services and activities provided to participants			
Supplies and materials	\$	\$	\$
Staff/volunteer training	\$	\$	\$
Staff/volunteer travel	\$		\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
C. PROJECT COSTS – Associated with services and activities provided to participants.			
Insurance (i.e. general liability, errors and omissions, automotive, employer liability, property)	\$		\$
Advertising/promotion	\$	\$	\$
Space rental fees	\$	\$	\$
Equipment rental	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
D. AGENCY/ORGANIZATION COSTS – Associated with the operation of the agency or organization as related to THIS APPLICATION .			
Rental/lease or mortgage/loan payment	\$	\$	\$
Utilities	\$	\$	\$
Maintenance/repairs	\$	\$	\$
Janitorial services	\$	\$	\$
Administrative (photocopier, telecommunications, memberships, etc.)	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
E. 'OTHER' COSTS NOT IDENTIFIED – Any expenditures not outlined above but which are applicable for THIS APPLICATION .			
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
Other (please specify):	\$	\$	\$
TOTAL BUDGET	\$	\$	\$



CHESTERMERE

Part F – Additional Information

1. Please provide any additional information you deem relevant to the delivery of your initiative. This can include, but is not limited to, information on the following:

- Sustainability
- Innovation and creativity
- Other relevant information



By submitting this application, I/We agree to comply with the requirements stated in this application.

DECLARATION

The applicant further declares that it has complied in every respect with all the instructions, that it has received and read all addenda, and that it has satisfied itself fully relative to all matters and conditions with respect to the general conditions of the agreement and all relevant information to which this application pertains.

Respectfully submitted,

Signature of Authorized Applicant

Printed Name

Signature of Authorized Employee / Board Member

Printed Name

Community Agency / Organization

Telephone #

Address

Email

Date

Congratulations - your proposal is now complete.

Please do not forget to add required attachments prior to submission.

PROPOSAL DEADLINE: 4:00 p.m., MONDAY, JULY 28, 2025