



CHESTERMERE Community Grant Application

PROPOSAL COVER PAGE

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.

City of Chestermere Grant Program Overview

The City of Chestermere offers multiple grant programs to support initiatives that strengthen community well-being, connection, and quality of life. While application formats and questions may appear similar, each funding stream serves a distinct purpose and has different requirements.

Community Grant	FCSS or United Way Grant
<p>Applications should enhance local amenities in sports and recreation, arts, culture, history and the social well-being of the residents of Chestermere. Project applications should provide benefit to Chestermere residents and facilitate local activities which engage a broad section of the community.</p>	<p>The City of Chestermere has developed a joint application process for the streamlined administration of United Way/Chestermere Partnership Funding & Family and Community Support Services (FCSS). This process contributes to effectively allocating resources and achieving desired social outcomes through social prevention programs.</p>
<p>Previously Funded Examples</p> <ul style="list-style-type: none"> • Art Workshops • Senior’s Programs • Family Activities • Cultural Celebrations • Recreational Activities 	<p>Previously Funded Examples</p> <ul style="list-style-type: none"> • Afterschool Children program • Outreach Program for Women in Crisis • Volunteer Mentorship program • Teen Leadership program

Still Unsure?

City staff are available to assist applicants in determining the most appropriate grant program **before submission**.

Staff Contact Information

grants@chestermere.ca

(403) 207-7079



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Part A – Organizational Profile

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):

Registered Charity

Not-for-Profit/Non-Profit

For Profit

No Status

Other (please specify):

Business / Charitable Number
(Canada Revenue Agency):

Incorporation Number:

Year of Incorporation:

Does your Agency/Organization have an Operating Board?

Yes

No

Current financial statements or proof of financial stability of the
Agency/Organization provided as part of application.

Yes

No

Provide a brief history of your organization, including its mission, mandate, and history in Chestermere
(Max. 300 words).



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Part B – Project Overview	
Name of Proposed Initiative:	
Total Amount of Grant Request:	
1. How would you categorize your project? (please check one): <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Heritage/History <input type="checkbox"/> Sports & Recreation <input type="checkbox"/> Community Benefit (please specify): _____	
2. Program Description <i>Provide as many relevant details as necessary in the appropriate boxes for the proposed project.</i>	
(a) Description <i>What is the project and what will be delivered through this funding?</i>	
(b) Key Activities <i>What are the main activities or actions that will be carried out to deliver the project?</i>	
(c) Objectives <i>What is the intention of the project and what change does it aim to achieve?</i>	
(d) Location(s) <i>Where will the project or activities take place (including specific facilities, neighbourhoods, or community spaces)?</i>	



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3. How many participants are expected?	
4. Are there projects of a similar nature being offered in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, briefly describe how this initiative complements, enhances, or fills gaps in existing services (Max. 150 words).</i>	
5. What measurable results or benefits are expected for participants or the community as a result of this project? How will your organization assess the effectiveness or success of the program/project? <i>Briefly describe how you will know the project achieved its expected outcomes. Qualitative and quantitative methods are acceptable. Examples may include participant feedback, attendance numbers, or observed community benefits (Max. 300 words).</i>	



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6. Describe the community need this project responds to, how participants and/or the broader community will benefit, and how the project aligns with **at least one Council Strategic Priority and one Social Wellbeing Framework priority**.

Where applicable, reference relevant priorities or findings from the City's strategic documents to support your response.

Chestermere Council Strategic Priorities (2026-2029):

- Focused and Effective Leadership
- Mindful and Responsible Community Stewardship
- Strong and Varied Economy
- Inclusive and Diverse Social Connections

Social Wellbeing Framework (2025):

- Belonging and Inclusion
- Safety and Resilience
- Spaces that Strengthen Community
- Collaborating through Growth



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Part C – 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.



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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, indicate the minimum amount of grant funding that would allow you to still be able to run this project and how you would adjust programming.

Please note that you will be required to submit a revised budget sheet for the amount of the awarded grant.



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EXPENDITURE CATEGORY	Agency Cost	Grant Request	TOTAL AMOUNT	ADDITIONAL INFORMATION ON LINE ITEM (if needed)
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	\$	\$	\$	



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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 (*Max. 300 words*):

- Sustainability
- Innovation and creativity
- Other relevant information



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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 27, 2026
You will receive a confirmation of the application being received within 5 business days.