



For Office Use ONLY	
Cycle (circle)	Spring or Fall
Grant #	
Activity #	
Amount Approved	

SMART & CARING COMMUNITY GRANT APPLICATION

Section 1: ORGANIZATION PROFILE			
Date			
Name of Agency			
Canada Revenue Agency BN/Registration Number			
Provincial or Federal Incorporation Number		Year of Incorporation	
Mailing Address	Address:		
	City:	Province:	Postal Code:
Contact Person Name			
Title			
Email			
Telephone			
Website			
Facebook/Twitter Profile Name			
Organization Purpose: Please provide your mission statement and vision as well as present a statement or impactful statistic that provides an immediate and clear understanding of your organization's core work <i>(max. 100 words)</i>			
Organization's Annual Operating Budget		Fiscal Year End	
Number of Full-time and Part-time Staff	(FT)	(PT)	Number of Volunteers

Section 2: PROJECT

Project Title:			
Concise Description: Use plain language to describe your initiative in one concise sentence; that provides an immediate and clear understanding of the work you want to do. <i>(max. 40 words)</i>			
Initiative Start Date		End Date	
Amount Requested from the CFSEA	\$	Total Project Expenses	\$

Section 3: NEED

a) What need will you address through this initiative?
b) How did you identify this need? Please document sources of evidence.
c) What community outreach has been conducted to ensure community buy-in?
d) Explain how this the right time to undertake this work?

Section 4: PROJECT OVERVIEW

Project Title	
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Which priority granting areas apply to this project:

- Strengthening relationships with Indigenous and multi-cultural groups
- Encouraging mental health
- Pursuing an environmentally sustainable future
- Living a creative, active life
- Reducing poverty

Please provide a brief project description including the number of individuals it will serve/help, the short-term benefits and the projected long-term impact it will have on the project participants and the Southeastern Alberta region as a whole. (max. 500 words)

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Section 4.1: PROJECT DETAILS For each goal, please complete the following:

Goal #1:		
Strategy	Activities/Outputs	Outcomes (how will success be measured?)

Goal #2:		
Strategy	Activities/Outputs	Outcomes (how will success be measured?)

Goal #3:		
Strategy	Activities/Outputs	Outcomes (how will success be measured?)

2. Describe how you will implement your plan of action:

3. Describe the process and tools you will use to evaluate the project (outputs/outcomes):

4. What other agencies support your work and how?

5. What will happen to this project if you only receive partial funding from CFSEA?

6. If applicable, how will the project be sustained in the future?

7. If you are a successful grant recipient, please describe how you will publicly acknowledge the Community Foundation's financial contribution to your project and its impact?

Section 4.2: PROJECT BUDGET (DETAILED)

PROJECT REVENUE

Source of Revenue	Assured	Potential
CFSEA	\$	\$
Other Funders (Specify)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Government (please specify)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Support from your agency	\$	\$

Total Project Revenue	\$	+	\$	=	\$
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PROJECT EXPENDITURES

Items	Cost
Salaries/Benefits	\$
Program Costs a)	\$
Program Costs b)	\$
Program Costs c)	\$
IT Equipment (hardware, software)	\$
Capital (specify and provide quotes)	\$
Agency Administration (no more than 10%)	\$
Other:	\$
	\$
	\$
	\$

Total Project Expenditures	\$
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Section 5: AUTHORIZATION/VERIFICATION

Board Chair:	
Signature:	
Date:	
Chief Staff Person:	
Signature:	
Date:	

CHECKLIST - Please check to ensure all documents are enclosed before submitting the application.

- One full (1) electronic application with all attachments
- One paper (hard copy) application with all attachments
- Board of Directors – Current List including addresses and phone numbers
- Audited financial statement for last completed fiscal year (NA if available on the
- CKC) Operating Budget for current year
- 2-3 Quotes for Equipment – if applicable

Is this project budget included in the operating budget for the current year?

- Yes No