



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			
Do you have an Agency Profile on our Community Knowledge Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Organization Purpose: Please provide your mission statement and vision. (max. 100 words)			
Organization's Annual Operating Budget		Fiscal Year End	
Number of Full-time and Part-time Staff	(FT)	(PT)	Number of Volunteers
If applicable please check the Community Fund relevant to your service area.	<input type="checkbox"/> Brooks & District <input type="checkbox"/> Prairie Crocus (Special Areas 3 & MD of Acadia) <input type="checkbox"/> Rural Community Fund of Forty Mile <input type="checkbox"/> N/A		

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. (max. 40 words)			
Initiative Start Date		End Date	
Amount Requested from the CFSEA	\$	Total Project Expenses	\$

Section 3: NEED (bullet form only)

- a) What need will you address through this initiative?
b) How did you identify this need? Please document sources of evidence.
c) Explain why this the right time to undertake this work?

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Section 4: PROJECT OVERVIEW (bullet form only)

Project Title	
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Describe how your project contributes to a vibrant, healthy, caring community.	
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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 (bullet form only).

Number of individuals it will serve:	Short term benefits (if your project is successful, what will have happened, or what will be happening):	Projected long term impact:

**Section 4.1: PROJECT DETAILS For each goal, please complete the following:
(bullet form only)**

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 the steps how you will implement your plan of action:

3. What other agencies support your work and how?

4. What will happen to this project if you only receive partial funding from CFSEA? (max 50 words)

5. If applicable, how will the project be sustained in the future? (max 50 words)

6. If you are a successful grant recipient, please list 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

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

- One full (1) electronic application with all attachments
- Five paper (hard copy) applications with all attachments
- 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
- Declaration of Affiliation (if applicable)

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

Yes No

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