

Community Grants Application

Enhancing quality of life for Banff residents



Name of your Project:

Is this a new Project? **Yes** **No**

Is this an ongoing Project? **Yes** **No** **Project Completion Date:**

<p>1. Who is applying for the grant? Registered society and / or charity? Outline the group mission, vision and purpose</p>	
<p>2. Funding request Operating Equipment Project, program, event Start-up</p>	<p>Amount of Grant Request: \$</p>
<p>3. Describe your idea? What do you plan to do? When? Where will it take place?</p>	
<p>4. Who are you aiming the project at? (age , gender, group)</p>	
<p>5. What are the benefits to the community and/ or those it is for? How do they relate to Council's strategic priorities, Banff Community Plan, Community Social Assessment or other relevant Master Plans?</p>	
<p>6. How will you involve the community? How will you reach people who are new to the community or who have not been involved before?</p>	
<p>7. Budget. Please attached a detailed project budget</p>	<p>Please attached a detailed program budget including other financial & in-kind donations</p>
<p>8. Do you have other funders for this project? Who and how much support are they providing? Do you have in-kind partners for this project? What are they providing?</p>	

9. Will you be charging a fee for participation in the event? If yes, how much? How, will you make it accessible for those living with a low income?	
10. How has the need for this project been determined?	
11. How will you know this project has been worthwhile? What are you hoping will change? How will you evaluate or track this?	
12. Please attached Recent approved financial statements Current budget 2019	

Your Name: _____

Address: _____

Phone number: _____ Email: _____

PLEASE READ AND SIGN:

1. Town of Banff has the right to verify that all information contained in this application is true and accurate. If your application is successful, your organization will be required to sign a Grant Agreement.
2. By signing this document, the applicant further understands that Town of Banff may at its discretion; refer to information contained herein during its public relations activities.

I agree

Name of Organization: _____

Name of _____
Authorized Representative (please print)

Signature of _____ Date: _____
Authorized Representative

Date submitted: _____

If you need any help with this application, or talking through a project idea please contact us. Grant decisions are made by the Town of Banff Community Grants Committee. Completed applications can be sent to: fcss@banff.ca

Personal information is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c). This information will be used by the Town of Banff Community Grants Committee. If you have any questions regarding the collection and use of this information, please contact the Town of Banff FOIP Coordinator at: municipal.clerk@banff.ca or 403-762-1209.