



## Application Form – Community Support Request

If submitting by email, please complete the entire application form and send to [finance@crossfieldalberta.com](mailto:finance@crossfieldalberta.com) using the subject line: Community Support Request. If you have questions or require assistance with your application, please contact [finance@crossfieldalberta.com](mailto:finance@crossfieldalberta.com) or call (403) 946-5565 ext. 226.

(\* indicates a required field)

### ORGANIZATION INFORMATION AND FUNDING REQUEST DETAILS

- 1. This application is being made on behalf of a(n): \*
  - Registered charity (number if applicable):
  - Registered non-profit (number if applicable):
  - Registered society (number if applicable):
  - Non-registered, grassroots/community group
- 2. Name of Organization: \*
- 3. Primary Contact Name of application: \*
- 4. Name of Authorized Representative *(if different from above)*:
- 5. Contact Email: \*
- 6. Contact phone number: \*
- 7. Website/social media: \*
- 8. Mailing address *(Note: all correspondence and cheques will be sent to this address)*: \*
  
- 9. Type of funding request: \*
  - One-Time Funding Request
  - In-Kind Funding Request
  - Combination
- 10. What is the name of your Program/Project: \*
- 11. What amount of funds are you requesting *(Maximum financial support request is \$3,500)*: \*
- 12: Has this program/project previously received funding from the Town of Crossfield? \*
  - Yes - When:
  - No

## PROJECT/PROGRAM INFORMATION

13: Which of the Town of Crossfield Community Funding Priorities does your application fall under? *(Select all that apply)* \*

Priority 1: Community Connection and Inclusion

Priority 2: Healthy Living and Wellbeing

Priority 3: Youth and Family Development

Priority 4: Accessibility, Support, and Community Safety

Priority 5: Community Partnership, Arts, and Culture

14: What would you like to do? \*

*(What, where, when, for whom, how, benefit to Crossfield residents/community)*

15. Describe your organization's experience and track record delivering similar projects/programs. \*

16. How will you know this project/program has been successful? What will you use to track and evaluate this? \*

17. Who will benefit from this project/program? *(Please select those that apply. Otherwise, please select General Public)* \*

Children (age 0-11)

Youth (age 12-17)

Adults

Seniors (50+)

Families

General Public

Vulnerable Populations

Other (please specify):

18. Will there be a fee to participate in this project/program? If so, what is the cost and how will you support low-income residents to participate? \*

No, there is no fee

Yes, there is a fee

What is the fee?

How will you ensure accessibility for lower income residents?

**ORGANIZATIONAL OPERATING BUDGET \***

19. Has this project/program applied for or received funding from another Town of Crossfield funding source (e.g. FCSS, Recreation Board)? \*

No

Yes:

Amount requested:

<b>Budget Table</b>	
<b>Expense</b>	<b>Amount</b>
Supplies	
Facility Costs	
Instructor Fees	
Marketing	
<b>Total Expenses</b>	

<b>Revenue Sources</b>	
<b>Funding Source</b>	<b>Amount Confirmed/Applied for</b>
Organization Contribution	
Grants:	
Donations	
Sponsorships	
Requested from Town	
<b>Total Revenue</b>	

20. If you are requesting in-kind support, please select all requests that apply:

Facility access

Promotional Assistance

Staff Support

Operational Assistance

Other (please specify):

Describe the requested in-kind support and how it will support this project/program?

21. Required Attachments Checklist *(please check off to confirm these are included with your application) \**

Most recent financial statements

## DECLARATION AND AUTHORIZATION

The applicant understands that funding approval is subject to Council approval through the annual budget process. The Town reserves the right to request additional information.

I certify that the information provided is accurate and complete

Signature

Date

## SUBMISSION REQUIREMENTS

- Applications must be submitted by **August 31**
- Incomplete applications will not be considered
- Additional information may be requested by Administration

## WHAT TO EXPECT

- Applications will be reviewed by Administration
- Applicants may be required to present their request to Council
- Recommendations will be presented to Council
- Final decisions occur during budget deliberations in Q4
- Applicants will be notified of outcomes after budget deliberations
- The Town determines the value of in-kind contributions
- Both financial and in-kind support may be publicly reported