

CLEAR HILLS COUNTY COMMUNITY SUPPORT SERVICES FUNDING APPLICATION

- 1. Please read carefully all of the information in this form prior to your submission.
- 2. Please note all shaded grey areas are reserved for your year-end final report.
- 3. Ensure budget template provided is used.
- 4. Applicants may be required to provide a presentation on their application.
- 5. Recommendations on funding will go to Council as quickly as possible. You will be contacted once a Council resolution has been made.
- 6. Incomplete applications will be returned to the applicant.

If you have questions about this application, please contact:

Lori Jobson, Corporate Services Manager

Phone: 780- 685- 3925 ext. 105 Email: Lori@clearhillscounty.ab.ca

Clear Hills County Community Support Services Grant Application

1. PROGRAM/PROJECT NAME	GRANT AMOUNT REQUESTED	GRANT AMOUNT AWARDED	
	\$	\$	

2. APPLICANT INFORMATION			
Applicant Name:	Start typing here - boxes will expand		
Contact Name:			
E-Mail Address:			
Mailing Address (include postal code):			
Telephone Number:			

1. PROGRAM/PROJECT OVERVIEW				
Please explain, in your own words, what the program/project is and why it is important to our community.				
Start typing here - boxes will expand				

Participant Information:								
Anticipated and Actual # of participants:								
	Infants/Toddlers 0-3 yrs.	Preschoolers 3-5 yrs.	Children 5-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	Families	Presentations
Anticipated								
Actual								
Other:								
	Total # of Participants*	# of Volunteers*	# of Volunteer Hours*	Other?	Other?	Other?	Other?	Other?
Anticipated								
Actual								

PROPOSED BUDGET

Include only the resources dedicated specifically to the program you are seeking funding for. Please attach the latest audited financial statement for your organization.

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REVENUE: (specify all sources of funding including	BUDGET	ACTUAL
fundraising, fees for service, other grants etc.)		
Fundraising & cash donations:	\$	\$
Other Grants (please specify):		
TOTAL REVENUE:	\$	\$
EXPENSE: (include only resources dedicated to the	BUDGET	ACTUAL
program you are seeking funding for.)		
	\$	\$

EXPENSE: (include only resources dedicated to the program you are seeking funding for.)	BUDGET	ACTUAL
	\$	\$
TOTAL EXPENSES:	\$	\$
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REVENUE MINUS EXPENSES:	\$	