



Community Development Assistance Grant Application Form

* Refer to Policy #CP 017 found at <https://www.flagstaff.ab.ca/council/policies/>

Registered Name

Mailing Address **Society/Registration #**

Town **Postal Code**

Primary Contact **Email**

Organization Mandate

Organization Sustainability

2021 Revenue (actual)	\$	2021 Expenses (actual)	\$
2022 Revenue (actual)	\$	2022 Expenses (actual)	\$
2023 Revenue (actual)	\$	2023 Expenses (actual)	\$
2024 Revenue (projected)	\$	2024 Expenses (projected)	\$

Stream **Length of Term**

Current Programming		1 year	3 years
New Programming	Special Project	2 years	One-time

Project Name

Project Description (include start date and end date)

Primary Target Population **Vulnerable Populations Served**

Adults	Children/Youth	Immigrants	Indigenous
Seniors	Families	Working Poor	Single parent households
		Developmental Disabilities	LGBTQ2+



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Age Groups Served		Estimated Number of Participants	
0-5 years	19-25 years	Total	% from County
6-11 years	26-64 years		
12-18 years	65+ years		

Identify and describe the outcome that your project will achieve

Individual Outcomes	Families Outcomes	Community Outcomes
Individuals will experience social well-being	Healthy functioning within families will be supported	The community will become further connected and engaged
Individuals will be connected with others	Families will have access to a social support agency	Community social issues will be identified and addressed
Children and youth will be developed positively		

Describe why your project is needed

Describe how your project will satisfy the identified need



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Budget

Project Revenue	
Federal Government Funding	\$
Provincial Government Funding	\$
Non-Government Funding	\$
Requested Contribution from Flagstaff County	\$
Total Revenue	\$

Project Expenses	
Labour	\$
Equipment	\$
Supplies and Materials	\$
Contracted Services	\$
Other:	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Expenses	\$

Declaration

- ⇒ The Organization declares that the information contained in this application and any supporting documents is true, accurate and endorsed by the Organization.
- ⇒ The Organization agrees to submit an outcomes report and financial summary of the project prior to November 1st for each fiscal year that Flagstaff County allocated funding to the project.
- ⇒ The Organization understands and agrees that should this application be approved, all funding awarded is subject to the Organization complying with all associated guidelines and policies.

Signature: _____

Date: _____

I, _____ Print Name attest that I am duly authorized to make this application and bind the Organization to the agreement and grant criteria as approved by Flagstaff County.