



# 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**

2022 Revenue (actual)	\$	2022 Expenses (actual)	\$
2023 Revenue (actual)	\$	2023 Expenses (actual)	\$
2024 Revenue (actual)	\$	2024 Expenses (actual)	\$
2025 Revenue (projected)	\$	2025 Expenses (projected)	\$

**Stream** **Length of Term**

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

**Project Name**

**Project Description** (include start date and end date)

**Primary Target Population** **Vulnerable Populations Served**

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



# Community Development Assistance Grant Application Form

Age Groups Served		Estimated Number of Participants	
<input type="checkbox"/> 0-5 years	<input type="checkbox"/> 19-25 years	Total	% from County
<input type="checkbox"/> 6-11 years	<input type="checkbox"/> 26-64 years		
<input type="checkbox"/> 12-18 years	<input type="checkbox"/> 65+ years		

## Identify and describe the outcome that your project will achieve

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

## Describe why your project is needed

## Describe how your project will satisfy the identified need



# Community Development Assistance Grant Application Form

## Budget

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

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

## 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.