



**Section A: Organization Information**

**1** Name of Organization \_\_\_\_\_

Contact Person for this request \_\_\_\_\_

Contact Information \_\_\_\_\_

ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE (IF APPLICABLE) \_\_\_\_\_

Status of Organization (Copy of Incorporation Document/Number required)

Non-Profit  Charitable  Other  \_\_\_\_\_

INCORPORATION OR DOCUMENT NUMBER

**2** Briefly describe your organization, including activities and programs offered, and why your organization is important to the community

**3** List grants that your organization has previously received from the CCWA

| Year Received | \$ Amount of Grant | Project Information (include name of project) |
|---------------|--------------------|---|
|               |                    |   |

## Section B: Project Information

1 Name of Project \_\_\_\_\_

2 Is this a New or Existing Project \_\_\_\_\_

3 Duration of the Project \_\_\_\_\_  
START DATE END DATE

4 Provide a detailed description of the project, including timelines:

5 Describe the anticipated project outcomes. Identify how the project will contribute to the improvement of the quality of life of the residents in the community, specifically in the following areas; a) Building Capacity, b) Health and Wellness, c) Leadership and Innovation, d) Children, Youth, Families and Seniors:

6 How will you measure the success of the project: (If this is an ongoing project, how will it be sustainable? If this is a one-time project, what will be its legacy?)

7 How will your project compliment other initiatives in the community? Identify any partner organizations involved in the project:

- 8 Provide evidence of community support for the project: (attach letters of support and contact information for supporting organizations, if applicable)

### Section C: Project Budget

#### Project Funding

| Revenue Source  | Name of Funding Source | Assured Revenue | Potential Revenue | Total Revenue |
|---|------------------------|-----------------|-------------------|---------------|
| Your Organization   |                        |                 |                   |               |
| In Kind Contributions (provide details)                               |                        |                 |                   |               |
| Other   |                        |                 |                   |               |
| Other   |                        |                 |                   |               |
| Other   |                        |                 |                   |               |
| Total Revenue (all of the above listed sources)                       |                        |                 |                   |               |
| \$ Amount requested from Coaldale Community Wellness Association Ltd. |                        |                 |                   |               |

#### Project Expenditures

| Description of Expense (provide details) | Amount (In Kind) | Amount (Cash) | Total Expense |
|--|------------------|---------------|---------------|
|  |                  |               |               |
|  |                  |               |               |
|  |                  |               |               |
|  |                  |               |               |
|  |                  |               |               |
|  |                  |               |               |
| Total Expenses                           |                  |               |               |

## Section D: Use of Grant Funds

The Grant Recipient shall only use the Grant for the Approved Project as set out in the Application for Funding, or any variation of that purpose approved in advance by the CCWA. Any part of the Grant not spent as set out in the Application for Funding must be repaid to the CCWA. The Recipient will retain supporting documents on the use of the Grant and will produce the documents upon request by the CCWA.

I have read and agreed to Section D

## Section E: Grant Recipient's Reporting Requirements

The Grant Recipient must submit a Final Report to the Coaldale Community Wellness Association Ltd. (CCWA) within six months following the grant submission deadline date of the project. Please use the **FINAL REPORT** template and deliver to:

Coaldale Community Wellness Association Ltd.  
Box 1334  
Coaldale, Alberta  
T1M 1N2

Or E-mail to: [info@coaldalewellness.com](mailto:info@coaldalewellness.com)

I have read and agreed to Section E

## Section F: Agreement

The Organization agrees to allow the CCWA to use its name, and any images, photos, videos, or relevant information on the CCWA web site, literature publications, video and multimedia presentations, and/or for any purpose which may include, but not be limited to display, public relations, or marketing.

The Organization agrees to use the CCWA Logo and/or display CCWA signage as agreed upon with the CCWA Board of Directors. The Organization will be contacted by the CCWA Office Administrator with specific details as to how the CCWA Logo/signage will be used once the Grant has been awarded.

The Organization declares that the information contained in this application is true, accurate and endorsed by the Organization.

I have read and agreed to Section F