



**COMMUNITY VIBRANCY GRANT  
Application**

*Read the grant guidelines before beginning this application form. Please respond to all questions and attach additional pages as required.*

**NOTE:** No handwritten applications will be accepted.

**I. APPLICANT DETAILS**

Name of Applicant/Society/Group: \_\_\_\_\_

Name for Cheque Issue (if different than above): \_\_\_\_\_

If Applicable:

Society Number: \_\_\_\_\_ and/or Charity Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Position in Organization (if applicable): \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Position in Organization (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**II. PROJECT SUMMARY or EVENT SUMMARY**

Title of project you are requesting funding for: \_\_\_\_\_

Grant Amount Requested: \$ \_\_\_\_\_

Project Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
*mm/dd/yy mm/dd/yy*

Project Location: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

If partial funding is granted, will this event still take place: Yes  No

### III. PROJECT PROPOSAL

**Include attachment(s) that provides the following Project information: (Please answer the following questions. If some questions are not applicable to the project, please explain.)**

1. Detailed description of the project
2. Describe how the project is aligned with the Community Vibrancy Grant objectives including deliverables and outcomes
  - a) Deliverables: handouts produced, kits distributed, presentations given, partnerships solidified for \$XXX.XX of funding, supplies purchased and handed out, one-day community festival staged, for examples
  - b) Outcomes: what you seek to achieve, what change you hope to make
3. Describe how the project has the potential to impact a large number of residents in a positive, worthwhile and meaningful manner
4. Describe how the project allows for active or passive participation at little or no cost to local residents
5. Describe how opportunities are inclusive and accessible to all
6. Describe how your project might promote volunteerism and build capacity in the community
7. Describe opportunities for partnerships with community organizations and local business
8. Provide a brief plan for the project and information about your organization's ability to carry out and complete the project
9. Describe the criteria you will use to evaluate your project's results and how will you measure success
10. Describe how you intend to acknowledge the support of the City of Medicine Hat in the promotion of the approved project
11. Applicants may be asked to make a project presentation to the selection committee

### IV. PROJECT BUDGET

**Complete the Budget Form (Appendix A) to list all revenue and expenses related to the proposed project.**

Revenue - list all revenue directly related to the proposed project including, but not limited to:

- Amount requested from the City of Medicine Hat
- Any amounts requested or received from all sources such as other government agencies, community organizations and groups, foundations, private donors, sponsors, etc.
- Fundraising revenue
- Revenue received as fees/admissions from project participants (if applicable)
- Gifts in kind

Expenses - list all expenses directly related to the proposed project including, but not limited to:

- Advertising
- Entry/Registration Fees
- Equipment Rental
- Food & Beverage Supplies
- Materials/Supplies
- Capital Expenditures (\$500 maximum)
- Insurance
- Venue Rental
- Travel & Accommodation
- Royalties
- Honorariums
- Permits/Licenses

**When completed, Appendix A is included, and makes up part of the complete application.**

**Note:** Applications consisting of more than 10 pages will not be considered.

**V. DECLARATION**

**Part A**

I, the undersigned, certify that the statements and information contained in this application are accurate and complete.

**Part B**

I, the undersigned, understand that if this application is successful, the applicant will receive a cheque for the amount approved.

By cashing the cheque, the applicant agrees to:

- use the funds for the purpose for which they were requested
- be responsible for the planning and execution of the proposed initiative
- if the project cannot be completed as described in the application, the City must be notified as soon as possible to discuss return of funds
- maintain separate accounting for the proposed initiative and provide applicable receipts for all expenditures
- expend all granted funding by August 31, 2021, regardless of the grant's issue date
- submit an evaluation and a financial statement to the City of Medicine Hat within 60 days of the event or by September 30, 2021, whichever comes first
- acknowledge the support of the City of Medicine Hat in the promotion of the approved initiative

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Position within organization

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Position within organization

Date of Application: \_\_\_\_\_  
*mm/dd/yr*

**COMMUNITY VIBRANCY GRANT  
Budget Form**

<b>Proposed Project Budget: Please include expected expenditures and expected revenues.</b>			
<b>Revenues (please specify)</b>		<b>Expenditures (please specify)</b>	
City Grant Requested	\$	Advertising	\$
Fees/Admission (if applicable)	\$	Rentals	\$
Sponsorship	\$	Materials/supplies	\$
Other Grants	\$	Honorariums	\$
Fundraising	\$	Insurance	\$
Gifts in Kind	\$	Permits, Licenses	\$
Other (please list)	\$	Other (please list)	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

BUDGET NOTES (if required)