



**COMMUNITY FUNDING APPLICATION
ORGANIZATION INFORMATION FORM**

1. Formal/Legal Name of Organization:

(Cheques will be made payable to the name of the organization as shown above).

2. Organization Mailing Address:

Street _____

City _____ Prov. _____ Postal Code _____

3. Organization Contact: *(For purposes of this application).*

Name: _____

Position/Title held with Organization: _____

Phone Number: _____ Fax: _____ Email: _____

4. Has this Organization previously applied to CCLF for grant funding? Yes ___ No ___
If YES, please provide the following information.

<u>Date of Application</u>	<u>Project Name</u>	<u>CCLF Funding Received</u>
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5. Signatures: *(Must be two Officers of the Organization, one being the Treasurer)*

Signature

Signature

Name (Please Print)

Name (Please Print)

Position/Title with Organization

Treasurer
Position/Title with Organization

6. A complete application (**not to exceed 8 pages**) must include the following information, in the sequence requested.

1. Completed and Signed Organization Information Form
2. Completed Project Information Form.
3. Project budget indicating revenues and expenditures. Include a summary of all other funding received and/or pending for this project.
4. Organizational overview including purpose and/or Mission Statement.
5. A comprehensive one page summary of the Organization's most recent financial statement.
6. List of the Organization's Executive and Board of Directors. (Include names, addresses and phone numbers.)



**COMMUNITY FUNDING APPLICATION
PROJECT INFORMATION FORM**

1. Project Name: _____
2. Project Contact Name: (for purposes of this application) _____
Phone Number _____ Fax _____ Email _____
3. Check one area that best describes the nature of your project:
 - Community Services/Development
 - Education and Culture
 - Health and Wellness/Recreation
 - Reduce, Reuse, Recycle, Repurpose
4. Project Start Date: _____ Project Completion Date: _____
5. Briefly describe the project below. Include how this project will benefit the residents of Strathcona County and the project volunteer component.

6. Describe how the Organization would provide public recognition for CCLF Grant funding received.

7. Total Project Budget Amount: _____ Grant Amount Requested: _____

**Please Submit Only One Copy Of Your Application
TO COUNTY CLOTHES-LINE STORE – 201 Athabasca Avenue**



APPLICATION GUIDELINES

Community Funding Applications are processed twice yearly with submission deadlines of April 30 and October 31. Incomplete or late Applications will not be reviewed by the Board. Organizations may resubmit applications for the next grant deadline. Funding decisions will be mailed to Organizations within one month following the submission deadline.

WHO MAY APPLY?

- Registered and/or charitable not-for-profit organizations located within Strathcona County and existing for the benefit of residents living within Strathcona County.

APPLICATIONS considered for funding will be those that have:

- a strong volunteer component.
- benefits to Strathcona County residents.
- demonstrated the ability of the organization to meet its objectives.
- other funding sources that indicate community support.

APPLICATIONS will NOT be considered if they are:

- late or incomplete.
- requesting monies for deficit or debt reduction.
- funding salaries for permanent staff.
- requesting funding for a project that has been funded within the past 6 months.

SUCCESSFUL APPLICANTS will be expected to:

- provide recognition of CCLF funding in brochures, advertising and other promotional materials.
- attend the CCLF semi-annual cheque presentation to receive their funding.
- provide proof of expenditures to the CCLF within 12 months of receiving the grant.
- return all unexpended monies within 60 days of the Project finish date.

QUESTIONS? Contact Freda Badry, Executive Director, 780-464-7786.

Applications are considered based on the availability of CCLF funds. The County Clothes-Line Foundation Board reserves the right to adjust and amend its policies regarding the awarding of funds.