



ORGANIZATIONAL IDENTIFICATION						
Legal Name*		Operating Name (<i>common</i>)*		Business or Registration Number*		
Organization Type*		Organization Category*		Year Established		
Organization Address*						
City or Town*		Province or Territory*		Country (<i>if not Canada</i>)*	Postal Code*	
Telephone Number* Ext.		Fax Number		Email Address*		
Mailing Address* (<i>if different from Organization Address</i>)						
City or Town*		Province or Territory*		Country (<i>if not Canada</i>)*		Postal Code*
Telephone Number* Ext.		Fax Number				
Organizations Mandate*						

ORGANIZATION CONTACT <i>This should be your primary contact person in respect to this application for funding</i>						
Given Name*		Surname*				
Position Title						
ORGANIZATION CONTACT – ADDRESS*						
<input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different (<i>include below</i>)						
Contact Address*						
City or Town*		Province or Territory*		Country (<i>if not Canada</i>)*		Postal Code*
Telephone Number* Ext.		Fax Number		Email Address		



PROJECT OBJECTIVE *(must be broken down into clear steps)**

PROJECT ACTIVITIES & EXPECTED RESULTS OF PROJECT



PROJECT DETAILS

Is your project art related?* **YES** **NO**
 If **YES** please describe how:

Does this proposed project fit with your organizations current activities?* **YES** **NO**
 If **YES** please describe how:

Will any of the project activities be delivered in a different location than where your organization is located?* **YES** **NO**
 If **YES** please include your main address and an address for every other location where project activities will occur:

Main Address	City or Town	Province or Territory	Postal Code
A.			
Secondary Address	City or Town	Province or Territory	Postal Code
B.			
C.			
D.			

*denotes mandatory field



Is your project designed to benefit or involve people in the Calgary Communities?*

YES **NO**

If **YES** please provide an explanation:

Will any other organizations, networks or partners be involved in carrying out the project? *

YES **NO**

If **YES** please clearly identify the role(s) and expertise they will bring to the project:



ANTICIPATED SOURCES OF FUNDING

Source Name *	Source Type *	Cash	In-kind (\$ value)	Confirmed *	
				Cash	In-kind
Total Funding for the Project					

BUDGET

Cost Category *	Planned Expenditures (\$)	
	Other – Cash	Other – In kind
Total Planned Expenditures (\$)		

*denotes mandatory field



Capital Assets: Will capital assets be among your planned expenditures with FCA Calgary Chapter Funding?* **YES** **NO**

If **YES** please explain the benefit of the purchases that are necessary to carry out the project activities:

Further Budget Details:



DECLARATION

In order for your application to be eligible for funding, it must be completed and signed by the official representative(s) of the applicant organization in accordance with the organization's by-laws or other constituting documents. The person(s) signing this form certify(ies) the following:

- A. I certify that I have the capacity and that I am authorized to sign and submit this Application on behalf of the Organization.
- B. I certify that the information provided in this Application and supporting documentation is true, accurate, and complete to the best of my knowledge.
- C. I certify that no commissions or contingency fees have or will be paid directly or indirectly to any person for negotiation or securing this request for funding from this Organization or any person lobbying on its behalf.

Signatory Name *(please print)*

Title *(please print)*

Signature

Date *(yyyy-mm-dd)*

Signatory Name *(please print)*

Title *(please print)*

Signature

Date *(yyyy-mm-dd)*

Signatory Name *(please print)*

Title *(please print)*

Signature

Date *(yyyy-mm-dd)*