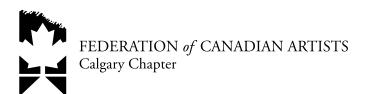


FUNDING APPLICATION

ORGANIZATIONAL IDENTIFICATION						
Legal Name*		Operating Name (common)*		usiness or Registration Number*		
Organization Type*			Organizatio	on Category*	Year Established	
Organization Address*		'		'		
City or Town*		Province or Territory*		Country (if not Canada)*	Postal Code*	
Telephone Number*	xt.	Fax Number		Email Address*		
Mailing Address* (if different from	Organizatio	n Address)				
City or Town*		Province or Territory*		Country (if not Canada)*	Postal Code*	
Telephone Number*	xt.	Fax Number				
ORGANIZATION CONTACT This should be your primary contact personant of the same			Surname*			
Position Title						
ORGANIZATION CONTACT – ADDRESS *						
☐ Same as Organization Address ☐ Same as Organization Mailing Address ☐ Different (include below)						
Contact Address*						
City or Town*		Province or Territory*		Country (if not Canada)*	Postal Code*	
Telephone Number*	xt.	Fax Number		Email Address		

PROJECT OBJECTIVE (must be bro	• /	
PROJECT ACTIVITIES & EXPECTE	D RESULTS OF PROJECT	
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PROJECT DETAILS			
Is your project art related?*			
Does this proposed project fit with your organizations current activitie	es?*		
If YES please describe how:			
Will any of the project activities be delivered in a different location tha	an where your organization is loca	ated?* □ YES □ NO	
If YES please include your main address and an address for every other			
Main Address	City or Town	Province or Territory	Postal Code
A.			
Secondary Address	City or Town	Province or Territory	Postal Code
В.			
C.			
D.			



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	t?* 🗆	YES □ NO
Will any other organizations, networks or partners be involved in carrying out the project	t?* 🗆	YES 🗆 NO
Will any other organizations, networks or partners be involved in carrying out the project If YES please clearly identify the role(s) and expertise they will bring to the project:	t?* 🗆	YES NO
	t?* 🗆	YES
	t?* 🗆	YES □ NO
	t?* □	YES □ NO
	t?* 🗆	YES □ NO
	t?* 🗆	YES □ NO
	t?* □	YES □ NO
	t?* <u></u>	YES □ NO
	t?* □	YES □ NO
	t?* □	YES □ NO
	t?* <u></u>	YES DNO
	t?* □	YES NO

ANTICIPATED SOURCES OF FUNDING						
Source Name*	Source Type*	Cash	In-kind (\$ value)	Confirmed*	irmed*	
			(+)	Cash	In-kind	
Total Funding for the Project						
BUDGET						
Cost Category*			Planr	ned Expenditu	res (\$)	
			Other - Cas	h (Other – In kind	
Total Planned Expenditures (\$)						



Capital Assets: Will capital assets be among your planned expenditures with FCA Calgary Chapter Funding?*	□ 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		