

Application Form

**Project-Based Funding Stream**

**Submit application by:**

* **Email:** communitygrants@gov.ab.ca

**~IMPORTANT INFORMATION~**

Applications will be accepted up to midnight on the various deadline dates.

For deadlines that fall on a **weekend** or **statutory holiday,**   
applications will be accepted until the end of the next business day.

**Before applying: Read the**[Program Guidelines](https://open.alberta.ca/publications/community-initiatives-program-project-based-funding-stream-program-guidelines) **carefully**

**NOTE: Click for** [Budget Template](https://www.alberta.ca/assets/documents/cip-project-based-budget-template.xlsx)

**Click for**[Application for Electronic Payment](https://formsmgmt.gov.ab.ca/Public/ADMINSA12554.xdp)

**Contact:** 1-800-642-3855 **with any program or application questions**

**Please keep a copy of this application for your records.**



**Additional resources and information:**[alberta.ca/cip-project-based-grant.aspx](https://www.alberta.ca/cip-project-based-grant.aspx)

June 22 2023

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| **Application Checklist –** Read through carefully and ensure all boxes are checked |
| **NOTE: Incomplete applications may be cancelled or delayed in processing**  **Refer to the** [Program Guidelines](https://open.alberta.ca/publications/community-initiatives-program-project-based-funding-stream-program-guidelines) **for criteria and eligibility.**  To make sure your application is processed as quickly as possible, please check, complete, and attach the following items **before you submit:**   |  |  |  |  | | --- | --- | --- | --- | |  | Your organization is in good standing under the incorporation body. For those registered through Alberta  Corporate Registries, if you are unsure, contact them at (toll-free by first dialing 310-0000) 780-427-7013. | | | |  | All accounting and reporting requirements for any previous Government of Alberta funding has been  completed. Organizations with outstanding Arts, Culture and Status of Women  reporting will not be considered for new funding until their outstanding accounting and reporting  requirements have been satisfied. | | | |  | Mandatory Documentation | | | |  |  | Grant Agreement Section 1 and 2 of the application, reviewed and signed by an authorized signing  authority for the organization. | | |  |  | Current bank statements for all organization’s accounts; signed by two (2) authorized signing authorities  for the organization. | | |  |  | Most recent Financial Statements (audited or unaudited) or Council Resolution signed by two authorized  representatives of the organization. | | |  |  | Current list of executives and must include: names, positons/titles, daytime phone numbers, and email  addresses. | | |  |  | Budget Template: Section E | | |  |  | Written quotes or estimates, or a source of estimates, for your project expenses listed in Section E. | | |  |  | Electronic Funds Transfer (EFT): Section F | | |  |  | Letters of support from: | | |  |  |  | Community (e.g. government: municipal, provincial, federal; community leagues/associations,  service providers, etc.); businesses; individuals, etc. | |  |  |  | Titleholder (for event related projects) | |  |  |  | Donors – showing fair market value for donated materials or professional services they are  contributing to the project | |  |  |  | Project partners you are collaborating with, which includes their relationship with your organization  (have you worked together in the past, share similar values, goals, etc.) and their role in the project. | |  |  |  | Third party (when applicable) **see note below** and Reference Section D: Question 5. |   ***Note: If you are doing a third party arrangement you must include a signed and dated letter******from both parties*** *detailing the following:*   * *Legal name of both parties;* * *Name of the project;* * *Role and responsibilities of each party; and* * *The party responsible for completing the final grant reporting (written and financial accounting) for the project is the organization who received the grant funding.*   *\** ***All parties must ensure all financial records*** *(invoices, financial tracking of payments, and other documentation as required)* ***pertaining to this project are available*** *in order for the Grant Recipient to adhere to the reporting requirements set forth in the CIP Guidelines and Grant Agreement.*  *\*\*For-Profit organizations are not an eligible third-party partner or fiscal agent for this grant program.* |

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| **Community Initiatives Program (CIP)**  **Project-Based Funding Stream**  **Application Submission Date:** Click or tap to enter a date. | | | | | | |
| **Section A – Organization Profile** | | | | | | |
| Incorporated (Legal) Name of Organization (must match incorporation name): | | | | | | |
|  | [Enter Organization Name Here] | | | | | |
| Act the Organization is registered under (see CIP Project-Based guidelines section 3.1 for list of all eligible acts): | | | | | | |
|  | ------ Select An Act ------ | | | | | |
| *Registration Number:* | | | | | *Registration Date:* Click or tap to enter a date. | |
| Address of Organization: | | | | | | |
|  |  | | | | | |
| *City:* | | | *Province:* | | | *Postal Code:* |
| *Mailing Address (for Organizations registered outside of Alberta, the address must be Alberta based and regularly monitored by an active member of the Organization)* | | | | | | |
|  |  | | | | | |
| *City:* | | | *Province:* | | | *Postal Code:* |
| Organization Contact Information:  *Legal Authorized Signing Authority Contact (must be an Alberta representative’s contact details):* | | | | | | |
| *Name:* Click or tap here to enter text. | | | | *Organization Position Title:* Click or tap here to enter text. | | |
| *Daytime Phone:* Click or tap here to enter text. | | *Extension:* Click or tap here to enter text. | | *Email:* Click or tap here to enter text. | | |
|  | | | | | | |
| *Primary Application Contact (must be an Alberta representative’s contact details):* | | | | | | |
| *Name:* Click or tap here to enter text. | | | | *Organization Position Title:* Click or tap here to enter text. | | |
| *Daytime Phone:* Click or tap here to enter text. | | *Extension:* Click or tap here to enter text. | | *Email:* Click or tap here to enter text. | | |
| ***\*\* Note: Should either of these contacts change, contact Community Grants office directly at 1-800-642-3855.*** | | | | | | |

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| Provide a summary of your mandate (purpose or mission) and membership of your Organization. (100 words max) | |
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| Provide a summary of the programs/services/activities your Organization currently offers to the community? (100 words max) | |
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| *In the last year your Organization:* |
| What is your Organization’s annual operating budget?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Up to $25,000 |  | $75,000 - $100,000 |  | $300,000 - $500,000 | |  | $25,000 - $50,000 |  | $100,000 - $200,000 |  | Over $500,000 | |  | $50,000 - $75,000 |  | $200,000 - $300,000 |  | Over $1 million |   What are your Organization’s top three primary sources of annual income? (please list below)   |  |  | | --- | --- | |  |  | |  | |
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| **Section B – Project Profile** |
| 1. Project Title: |
| 1. Provide a brief description of the project (150 words max) |

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| 1. Project focus: (select one) |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Community Services |  | Education |  | Women’s economic security | |  |  | Social Services |  | Health |  | Gender based violence | |  |  | Arts |  | Environmental |  | Women in leadership and demographic participation | |  |  | Culture |  |  |  | Sport and Physical Activity | |
| 1. Project type: |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | New Program/Initiative |  | Portable Equipment purchase (e.g. office furniture, team uniforms, etc.) | |  |  | Community event (Provide letter from titleholder authorizing the event) |  | Vehicle Purchase | |  |  | Technology purchase |  | Gender Equity Initiative | |
| 1. Targeted audience of the project. (Please check your primary targeted audience) |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | Seniors |  | LGBTQ2S+ | |  |  | Women |  | Children/Youth | |  |  | Men |  | Boys | |  |  | Indigenous persons |  | Girls | |  |  | Newcomers |  | General public | |  |  | Persons with disabilities |  | Other |   If Other, please explain: |
| 1. What is the location of the project/initiative/event? |
| Primarily:  Urban  Rural  Name of the facility/ location for the Project or Initiative:    Project Address (location where the project or initiative will take place):    Municipality/County:       Postal Code: |
| 1. What is the geographical reach of this project? (choose one) |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Local  *Project draws people from the local and surrounding community* |  | Provincial  *Project draws people from across the province.* |  | National  *Project draws people from across Canada* | |
| 1. Estimated number of people who will benefit from this project: |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Up to 100 |  | 501 – 1,000 |  | 5,001 – 10,000 | |  |  | 101 - 500 |  | 1,001 – 5,000 |  | 10,000 + |   How did you calculate these numbers? |
| 1. What is the anticipated project: |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Start Date: | July 10, 2019 | Completion Date | January 2, 2019 |  |  |  |  | | --- | --- | --- | |  | Event Date:  *(If project is an event)* |  | |
| 1. **Project Grant Request** (Section E: Budget): $ |

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| **Section C – Project Information** |
| 1. Which **CIP Outcome** relates most to your project (Check only ONE)? |
| |  |  |  | | --- | --- | --- | |  |  | Strengthen leadership and organizational capacity of community organizations. | |  |  | Support community-driven goals that have a public benefit. | |  |  | Opportunities for Albertans to engage with and develop their communities. |   Based on the OUTCOME chosen above, which **project impacts** relate most to your project (Check at least ONE and no more than THREE)?   |  |  |  | | --- | --- | --- | |  |  | Quality of life/community wellness enhancement | |  |  | Programming/operational efficiencies | |  |  | Direct and indirect community economic benefit; wages and salaries, new jobs, visitors spending, other grant dollars, revenue generated by organization, etc. | |  |  | Increased community inclusiveness and connectivity | |  |  | Community members experience a reduction in social isolation by attending more community events and activities, and connecting with individuals in their community. | |  |  | Reduced barriers for women and girls to participate in programs and projects | |  |  | Improved knowledge of gender equity issues and solutions | |  |  | \*See Program [website](https://www.alberta.ca/cip-project-based-grant.aspx) for tools to support evaluation of the impacts. |   Based on the IMPACTS chosen above, please check the related **change that will be measured** in the organization or individuals involved in your project? (NOTE: **You will be expected to report on the measures that are checked here**, **in the final reporting**.)   |  |  |  | | --- | --- | --- | |  |  | Operational efficiency | |  |  | Economic benefit | |  |  | Attendance/attendees satisfaction | |  |  | Attitudes and/or Behaviours | |  |  | Diversity in gender participation | |  |  | Level of awareness and understanding | |  |  | Increased skills and knowledge | |  |  | \*See Program [website](https://www.alberta.ca/cip-project-based-grant.aspx) for tools to support evaluation of the impacts. | |
| 1. Please tell us why you have chosen to do this project and how it will contribute to the outcome you selected above. (200 words max) |
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| 1. Gender Equity (if applicable): What additional information can you provide regarding your programming or mandate that address gender equity for women and girls. (200 words max) |
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| 1. How did your Organization identify the need for this project? *Example: surveys, word-of-mouth* (200 words max) |
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| 1. Are there similar programs/services/activities currently being offered in your community? |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Yes |  | No |  |  |   If yes, please explain why your project should still be considered for funding, when there are other similar programs/services/activities available. (100 word max) |
| 1. What are the risks to your Organization if this initiative is not implemented or completed? (200 words max)   Examples: loss of sponsorship, revenue, community needs not met, etc. |
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| 1. How will your Organization communicate and market your project to the community? (if applicable) (200 words max) |
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| 1. Describe any partnerships and/or collaborations for the project. (200 words max) |
| |  |  |  | | --- | --- | --- | | a. |  | | | b. | At what stage are the partnerships and/or collaborations? (Select one) | | |  |  | Initial ideas have been explored for partnerships/collaboration | |  |  | Conversations have taken place with partners/collaborators relative to the project | |  |  | Partners/collaborators have verbally confirmed their involvement and support of the project | |  |  | Partners/collaborators are committed with a letter expressing their interest/role included in the grant application | |
| 1. Describe your Organization’s experience in carrying out projects of a similar nature or scope: (200 words max) |
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| 1. How does your Organization plan to sustain this program/service/activity in the future? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | Project is a one-time initiative |  | Secure funding for the project from other sources | |  |  | Project will generate its own revenue |  | Other | |  |  | Collaborative partnerships |  | Not sure | |  |  | Operational funding assistance will be explored |  |  |   If Other, please explain: (100 words max) |
| 1. Reduced Funding |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | In the event that full funding is not approved, will your project remain viable? |  | Yes |  | No |  |  | | --- | | What is your contingency (backup plan) if you receive partial funding? (100 words max)  *Explain how you would reduce the scope or phase your project*. | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Will reduced funding delay the start of your project? |  | Yes |  | No |  |  | | --- | | If yes, please explain how your project will be impacted and include a revised timeline. | |  | |

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| **Section D – Organization’s Capacity** |
| 1. If your Organization has a surplus, reserves, or other cash assets, why are you requesting funding assistance? (200 words max) |
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| 1. If your Organization is operating at a deficit, what is your plan to address the deficit and, why is your Organization taking on this project? (200 words max) |
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| 1. Other Government of Alberta Funding: |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Does your Organization receive regular funding through the Government of Alberta? |  | Yes |  | No |   If yes, please identify the Government of Alberta funding source, amount and purpose. Is any of the funding being used for this project? |
| 1. Has any portion of your project been started or completed prior to the submission of your CIP Project-Based application? |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Yes |  | No |  |  |   Please provide details on what has been started or completed. (200 words max) |
| 1. If your grant is successful, does your organization intend to transfer the funds to another Organization (example: municipality) who will then manage the project (example: pay invoices)? See program guidelines 8.2 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Yes |  | No |  |  |   If another Organization will manage the project, please provide name.    Why is your Organization not managing this project? (100 words max) |
| **Section E – Budget Template** |
| [Budget Template](https://www.alberta.ca/assets/documents/cip-project-based-budget-template.xlsx) - please make sure you include:   |  |  | | --- | --- | |  | The amount of funding you are requesting – first line in the budget template. | |  | The cash contribution clearly outlined, and whether amounts are confirmed or pending.   * In a separate document, provide information on pending funds (e.g. where the funds are coming from, date of expected notification, alternate plan if the funds are not received, etc.) or if the funds are in place, include written confirmation (e.g. letter of confirmation from donor, bank statements, etc.), see [program guidelines](https://open.alberta.ca/publications/community-initiatives-program-project-based-funding-stream-program-guidelines) Section 5. | |  | Written quotes or estimates, or a source of estimates, for your project expenses listed on the budget. | |  | Details on the donated labour including a description of the work being done, how many people, for how many hours, and how it relates to the project.   * Rates are: $20/hour unskilled; $35/hour skilled; and $70/hour heavy equipment * Skilled labour needs to be verifiable, see [program guidelines](https://open.alberta.ca/publications/community-initiatives-program-project-based-funding-stream-program-guidelines) Section 5.3.1 | |  | The project expenses (including donated labour) equal the project revenues. |   The following ineligible expenses are NOT included in your budget:   * honorariums (unless specified for protocol) * administrative/operational costs |
| **Section F – Electronic Funds Transfer (EFT)** |
| **Please ensure that both documents are completed and attached.**   |  |  | | --- | --- | |  | [Application for Electronic Payment](https://formsmgmt.gov.ab.ca/Public/ADMINSA12554.xdp)(PDF, 442 KB). Form must list the incorporated legal name of your organization as incorporated, signed by legal signing authority and stamped by financial institution. | |  | Copy of a VOID cheque with the incorporated legal name of your organization and account number matching that of the Direct Deposit. | |

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| **Community Initiatives Program Project-Based Funding Stream**  **Grant Agreement Section 1 of 2** | |
| ***Incorporated (Legal) Name of Organization (“Organization”):*** | |
|  | [Enter Organization Name Here] |
| The Organization declares that:   1. The information contained in this application and supporting documents (“Application”) is true and accurate and endorsed by the Organization. 2. The required financial statement(s) for the applicable fiscal period(s) are true copies and have been attached to and form part of the Application.   The Organization understands and agrees that should this Application be approved, any grant funding awarded is subject to the Organization complying with the terms and conditions of this Agreement.  The Organization agrees to the following terms and conditions:   1. The program Guidelines (“Guidelines”) and Application form part of this Agreement and the Organization agrees to be bound by the requirements set out in them. 2. The Organization will use all grant funding awarded (“Grant”) for the stated purpose(s) (“Purpose”) within its Application. If the Organization wishes to vary the Purpose, it agrees to be bound by the requirements set out in the program Guidelines. 3. The Organization must comply with all applicable laws. The Organization agrees that it is and will be bound by the provisions of the Community Development Grants Regulation. 4. Following receipt of the Grant, the Organization agrees to be bound by the final report requirements set out in the Guidelines and in the Application Form. 5. This Agreement commences the date of the application and binds both parties upon deposit of the Grant until the date the Grant reporting has been approved by the ministry or the Grant has been repaid. 6. Any part of the Grant not spent as set out in the Guidelines or upon termination of this Agreement must be repaid to the Government of Alberta. The Grant may be terminated upon:    1. Mutual consent;    2. 30 days written notice by either party;    3. Demand by the ministry for immediate repayment in the event of a breach of any term or condition of the agreement; or    4. If the Organization becomes insolvent. 7. The Organization acknowledges that it will be liable for the full amount of the grant and will be bound to the terms of this Agreement, even if the Organization has paid all or part of the Grant to a third party who has spent the money. 8. The Organization agrees to give the ministry, and/or its authorized agents, access to examine the Organization’s operation and/or premises to verify the Grant has been used for the Purpose and will provide access to all financial statements and records having any connection with the Grant or the Purpose during the Term of this Agreement and for seven (7) years after the termination of this Agreement. 9. The Organization acknowledges that the *Freedom of Information and Protection of Privacy (“FOIP Act”)* applies to records submitted by the Organization to the ministry in relation to the grant application, including the Application and this Agreement. These records may be disclosed in response to an access to information request under the FOIP Act, subject to any applicable exceptions to disclosure under the Act. 10. The Organization agrees that any information relating to the Grant and the Organization’s compliance with the obligations set out in this Agreement may be disclosed to other ministries within the Government of Alberta. 11. The Organization agrees to indemnify and hold harmless the Government of Alberta, including the Minister, Government of Alberta employees, and agents from any and all claims, demands, actions, and costs (including legal costs on a solicitor-client basis) for which the Organization is legally responsible, including those arising out of negligence or willful acts by the Organization or its employees or agents. Such indemnification shall survive the termination of this Agreement. 12. This Agreement shall be governed and interpreted in accordance with the laws enforced in the Province of Alberta. 13. This Agreement is not intended to and does not make either part the agent or partner of the other for any purpose or create a joint venture. 14. This Agreement may not be assigned by the Organization. 15. The Organization will recognize the source of the Grant as required by the Guidelines. 16. The Organization represents and warrants that the person signing is duly authorized to make the Application and is legally sufficient to bind the Organization to this Agreement. | |

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| **Community Initiatives Program Project-Based Funding Stream**  **Grant Agreement Section 2 of 2** | | |
| ***\*All boxes must be checked to proceed\****  I hereby acknowledge that:  The information contained in this application and the accompanying documents is true, accurate, and complete.    I am a representative with designated signing authority/decision-making authority in our Organization.    The Organization’s Board of Directors is in full support of this application.    I have read the Conflict of Interest section in the Guidelines (11.1 through 11.4) and I am not aware of any conflict of interest either perceived or apparent in applying for CIP funding.    I have read the Community Initiatives Program Project-Based Funding Stream Grant Agreement Section 1 of 2 which outlines the terms and conditions of the grant agreement and by signing Community Initiatives Program Project-Based Funding Stream Grant Agreement Section 2 of 2, I am agreeing to all of the terms and conditions outlined in Section 1 of 2.  I am aware that as a requirement of the grant, organization will complete a survey as part of the final reporting. | | |
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|  | Click or tap to enter a date. | Click or tap here to enter text. Ext. Click or tap here to enter text. |
| *Signature of Authorized Representative* | *Date* | *Daytime Phone* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *Authorized Representative Name (printed)* | *Organization Position Title* | *Email* |
| The personal information that is provided on this application form will be used for the purposes of administering the applicable grant program and advising the applicant of Community Grant program updates and relevant ministry initiatives and resources. It is collected under the authority of section 33(c) of the FOIP Act and is protected by the privacy provisions of the FOIP Act. The FOIP Act applies to any information that is provided to Arts, Culture and Status of Women. This information may be disclosed in response to an access request under the FOIP Act, subject to any applicable exceptions to disclosure under the FOIP Act.  **Optional:**  I agree to allow Arts, Culture and Status of Women, on occasion, to contact the applicant as identified on this application form to provide information about ministry initiatives or announcements related to the following topics:   * Grant program changes, funding announcements, and opportunities to provide input/opinion on programs; and * Awareness of ministry resources available to the nonprofit sector, including ministry sector events. | | |