



GRANT APPLICATION FORM

Kimberley Alpine Resort Community Summit Fund Mandate: *To enhance the community by supporting local projects that help create positive opportunities and outcomes for its citizens, especially youth.*

Part 1: Contact Details

Date of Application Request: _____
Day / Month / Year

The Organization:

Name of Applicant Organization: _____

Address of Applicant Organization: _____

City

Province

Postal Code

Phone Number: _____ E-mail Address: _____

Website Address (If Applicable): _____

All Payments to be made to: _____
(Mailing Address if different) _____

Identify your Legal Status:

- A registered Canadian charity
- A registered Canadian Amateur Athletic Association
- Federal and provincial government or their agents (schools/hospitals)
- A Canadian municipality (local governments)
- None of the above
- Other (Please Specify) _____

Registered Tax Charity BN# (Where Applicable): _____

Applicant's Contact Details:

Contact Name: _____

Phone Number: _____ E-mail Address: _____

What is your involvement with the Organization requesting the Grant?

Part 2: Organization and Project Details

Please provide a general description of your Organization:

Please provide a description of the project for which you would like to receive a grant:

How will your project directly benefit the local community?

How many people will your project directly impact and how will they be impacted?

What is the total budget for your project? \$ _____

Do you have other sources of funding for your project/organization? Please indicate below.

Supporter	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

How much Grant Support are you requesting from the Community Summit Fund?

Financial Support \$ _____

In-Kind Support _____

When is your project set to take place? _____

Please identify how you would recognize the Kimberley Alpine Resort Community Summit Fund for supporting your Project (Please check all that apply):

- Media Release
- Banner / Signage
- Newsletter / Brochure
- Website
- Other (Please Specify) _____

I verify that the information stated above is accurate.

Applicant's Signature

Date

Applicant's Name (Printed)

Please attach additional pages as necessary. Please return the completed application by fax, e-mail or mail to:

Kimberley Alpine Resort Community Summit Fund
Fax: (403) 244-3774
E-mail: mmosteller@skircr.com
Mail: Resorts of the Canadian Rockies, 1505 – 17 Avenue SW, Calgary, AB T2T 0E2
For more information, please call (403) 209-3323 or (403) 209-3314.