



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): _____

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?

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 1-800-258-7669.