



<b>Phone Number(s)</b> (C) (H)	<b>Email Address</b>
<b>Please provide the motion that was made by your board to approve this request for funding.</b>	
<b>Briefly describe your organization/society's purpose, function and the service it provides to the community.</b>	
<b>Are you able to attend or present your application at a Council meeting? Yes      No</b> <b>Attendance at a meeting to answer questions will greatly assist Council's decision in providing funding for your organization, event or activity.</b>	
<b>Have you ever received funding from the Town of Fox Creek prior to this application?</b> <b>Yes                      No</b> <b>If yes, when &amp; why?</b>	

## Part B – Project Plan

Name of Project				
Start date of project		Number of volunteers involved		
Target Population				
Children/Youth	Adults	Seniors	Families	Other
Do you own the land?		Will the completed project be open to the public?		
Yes	No	Yes	No	
Briefly describe and summarize your project. If more space is required, attach documentation to this application.				
What are the direct goals and objectives of the project?				

**Please describe how the project will benefit Fox Creek.**

**Please indicate the intended purpose for the request for funds and how they will be expended.**

**Please indicated what publication and media tools you will be using to promote the project**

**Brochure  
Website**

**Posters/Flyers  
Radio**

**Information Booklets  
Local Newspaper**

**Social Media  
Other**

**Town of Fox Creek logo on marketing material must be approved prior to printing**

**Please specify the amount of funding that has been requested or granted from other community partnerships, organizations or government sources.**

**Please describe other fundraising efforts your organization has done to raise funds to support your organization. The grant should not be considered as the primary source of funding for the organization.**

**Please provide any additional information that will assist to support a funding decision.**

**Please provide how the Town of Fox Creek's funding contribution will be recognized.**

**Project timeline and estimated completion dates (Funding is subject to the completion of the project within the timelines provided unless otherwise granted prior approval).**





**Declaration:** I declare that all of the information in this application is accurate and complete, and that the application is made on behalf of the organization with its full knowledge and consent, and complies with the requirements and conditions set out in Town of Fox Creek Policy No. P051-2014. The current President or Treasurer of the organization must sign this application.

\_\_\_\_\_  
**Signature of President or Treasurer**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Signature of Board Member**

\_\_\_\_\_  
**Name (please print)**

Town of Fox Creek, 102 Kaybob Drive, PO Box 149, Fox Creek, AB. T0H 1P0  
 780-622-3896 (O) 780-622-4247 (F)

<b>Grant Amount requested:</b>	
<b>Grant amount requested represents what % of your total event/project budget?</b>	<b>%</b>
<b>Will this project proceed without Town grant funds?</b>	<b>Yes      No</b>

<b>Town use only</b>	
<b>Grant Amount Awarded</b>	
<b>Motion #</b>	