



Foundation

HEALTH & WELLNESS | EDUCATION | AMATEUR & GRASSROOTS SPORTS

Calgary Flames Foundation Grant Application

Grants from the Foundation

The Calgary Flames Foundation accepts proposals for grants from registered charities that support education, health and wellness and amateur and grassroots sports in Southern Alberta communities.

Who Qualifies ?

To qualify for a grant from the Calgary Flames Foundation, an organization must:

- Be a registered with Canada Revenue Agency
- Have recognized good management
- Have a well-established Board of Directors
- Have internal management control and well-established administrative policies.
- Provide a receipt and final report of the progress of the program that the grant funded

Who DOES NOT Qualify ?

The Calgary Flames Foundation does not fund the following areas:

- For profit organizations
- Individual/family interests
- Debt reduction/financing campaigns
- Requests to fund operational, salary or administrative fees
- Private foundations or endowment funds
- Conferences or competition
- Telethons, auctions or fundraisers
- Direct publicity campaigns
- Political parties or interest
- Religious efforts

Acceptable Programs

The program that your organization is requesting funding for must demonstrate a direct impact on a significant amount of people or fulfill a need in the community in one or more of the following areas:

- Health and Wellness
- Education
- Amateur and Grassroots Sports



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Grant Application Form: Part 1 Information on your Organization

To be considered for a grant from the Calgary Flames Foundation, **please fill out the following grant application form accompanied by a presentation letter explaining the nature of your project/initiative** (no longer than one page, printed on letterhead and signed by a member of your organization's Board of Directors).

Name of Organization:

Primary Contact and Title:

Address:

City/Province:

Postal Code:

Telephone:

Fax:

Email:

Website:

Canada Revenue Agency Number:

Social Media Handles:

Year of Establishment:

Number of Full-time/Part-time Staff:

Number of Volunteers (volunteer base):

Annual Operating Budget:

List the names of your organization's Board of Directors:

Purpose of your organization: Mission, vision and goals of your organization.

History of your organization: Who founded your organization? For what reasons? To fulfill what need or to help which group?

What activities, programs and services does your organization provide? Be specific and descriptive.

What group of people or need does your organization help?

Age group, health situation, geographical/economical situation, size of group.



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Grant Application Form: Part 2 Information on your Proposed Project/Initiative

Name of project/initiative:

What type of funding are you requesting through this grant? Select all that apply.

- Health and Wellness
- Education
- Amateur and Grassroots Sports

Description of project/initiative:

What is the main goal of this project/initiative and how will you achieve this goal?

Why is your organization the best to carry out this project/initiative?

Who needs this project/initiative? Specific age group or demographic? How many people will benefit?

Describe the impact this project/initiative will have. Describe the short term and long term benefits.

Timeline for this project/initiative: Start Date:

End Date:

Describe the volunteer component of this project/initiative. Proposed number of volunteers to help carry out the program.

Are you partnering with another non-profit organization(s) for this project/initiative?

- No Yes If yes, name of organization:

NOTE: 900 character limit. Should you require more space, please attach a separate sheet. Maximum one page.



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Grant Application Form: Part 3 Project/Initiative Budget

Please attach your organizations' **most recent audited financials and annual report.**

Budget Information: Please list how the requested funds will be distributed.

MATERIALS	
	\$
	\$
	\$
	\$
	\$
subtotal	\$
EQUIPMENT	
	\$
	\$
	\$
	\$
	\$
subtotal	\$
ADMINISTRATIVE COSTS/REGISTRATION FEES/FACILITIES/RESOURCES	
	\$
	\$
	\$
	\$
	\$
subtotal	\$
OTHER (please specify)	
	\$
	\$
	\$
	\$
	\$
subtotal	\$
TOTAL AMOUNT REQUESTED	
	\$

NOTE: Should you require more space, please attach a separate sheet. Maximum one page.



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Grant Application Form: Part 3 Cont'd Project/Initiative Budget

Are you receiving funding from any other source(s) for this project/initiative? If so, how much and when?

Has your organization received funding from the Calgary Flames Foundation in the past? Please provide past project name and a brief outcome of the project. **Please note: you are not eligible for funding for 24 months after you receive a grant.**

How did you hear about the Calgary Flames Foundation?

If your grant request is accepted, how will you recognize the Calgary Flames Foundation?

If your grant request is accepted, how will you help promote the Calgary Flames Foundation through your organization?

If the Calgary Flames Foundation does not fulfill your request, how will you obtain the funds needed for this project/initiative?

SUBMIT

COMPLETED FORM SHOULD BE SUBMITTED TO:

Calgary Flames Foundation - Grant Application
555 Saddledome Rise SE
Calgary, AB T2G 2W1

FOR MORE INFORMATION, PLEASE CONTACT:

Annelise Milliken,
Donor Relations and Foundations Coordinator
amilliken@calgaryflames.com