



Grant Application – Part 2

Information on your proposed project or initiative

Name of project/initiative:

What type of funding are you requesting through this grant?

Select all that apply: Health + Wellness Grassroots Sports Education

Description of project/initiative:

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

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

What were the benefits of the program made possible by this donation?

Who needs this project/initiative?

Please specify age group/demographic as well as how many people will benefit.

Describe the impact this project/initiative will have:

Include short-term and long-term benefits.

Timeline for this project/initiative:

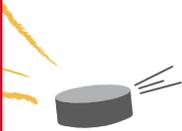
Start Date: _____ End Date: _____

Describe the volunteer component of this project/initiative:

Include the 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, please name the organization(s):





Grant Application – Part 3

CONTINUED

Project or Initiative Budget

Grant donations are one-time gifts. How will the program be funded next year?

Are you receiving funding from any other source(s) for this project/initiative?

If yes, how much and when?

Has your organization received funding from the Calgary Flames Foundation in the past?

If yes, please provide past project name and a brief outcome of the project.

NOTE: you are not eligible for funding for 24 months (two years) after receiving a grant.



Grant Application – Part 4

Impact Reporting

What is the impact of this grant on your program or charity? Please provide the following:

How many people will this donation impact? How many people will use it?

How many people benefit or use your organizational services per year?

How do you access these services or programs? (ie. registration, social service referral, usage fees)

If there is a usage fee, how much is it?



Grant Application – Part 4

CONTINUED

Impact Reporting

How did you hear about the Calgary Flames Foundation?

If your grant request is accepted, are you able to recognize the Calgary Flames Foundation's contribution and promote Foundation programs?

If so, how?

Is there an opportunity for the Calgary Flames Foundation to volunteer?

If so, please provide an example.

If the Calgary Flames Foundation fulfills your request, how will you ensure the program operates without this funding next year (one-time gift)?

SEND COMPLETED FORMS TO:

Calgary Flames Foundation— Grant Application
555 Saddledome Rise S.E., Calgary, AB T2G 2W1

FOR MORE INFORMATION
PLEASE CONTACT:

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