

Organization Information			Application Date:		
Name of Non-Profit Organizati	on:				
Provincial Incorporation Number: (AB Societies Act)			Date of Incorporation:		
Mailing Address:					
Phone Number:			Fax Number:		
Contact Information					
Primary Contact:					
Email:					
Phone Number:					
Secondary Contact:					
Email:					
Phone Number:					
Project Information					
Project Title:					
Project Location:					
Project Start Date: (MM/DD/YY)			Project End Date (MM/DD/YY)	2:	
Total Project Budget:					
Brief Project Description: One paragraph outlining your project goals and what you plan to achieve					



Project Timelines: Please list the key activities for each project phase (some projects may only be done in one phase)				
Phase 1:				
Phase 2:				



Project Budget Information			
Total Project Budget:			
Revenue Sources:	Cash	In-Kind	Total
Total Project Revenue (should equal total project budget)			
Project Expenses: Please detail al project (e.g. materials, equipment for volunteers etc.)	Total Project Expenses		
Total Project Expenses			



Document Checklist					
Document:	Yes	No			
Certificate of Incorporation					
Recent Annual Return and Proof of Filing					
List of Board of Directors					
Organization Bylaws and Objectives					
Letter of Permission from Landowner (if applicable)					
Photos or Conceptual Drawings of Project (if selected)					

Please submit completed application electronically to, info@parksfdn.com as one file with subject line "Project Support Application -Project Name"

If desired, a hard copy application can be dropped off or mailed to:

Project Support Program Parks Foundation Calgary 225-13th Avenue SW Calgary, AB T2R 1N8

Submitted by: _____

Date: