



# STELLA CONCEPTUAL DRAWING GRANT APPLICATION FORM

<b>Organization Information</b>		<b>Application Date:</b>	
<b>Name of Non-Profit Organization:</b>			
<b>Provincial Incorporation Number: (AB Societies Act)</b>		<b>Date of Incorporation:</b>	
<b>Mailing Address:</b>			
<b>Phone Number:</b>			
<b>Contact Information</b>			
<b>Primary Contact:</b>			
<b>Email:</b>			
<b>Phone Number:</b>			
<b>Secondary Contact:</b>			
<b>Email:</b>			
<b>Phone Number:</b>			
<b>Project Information</b>			
<b>Project Title:</b>			
<b>Project Location:</b> (Address)		<b>Ward:</b>	
<b>Brief Project Description:</b>  Describe your project vision and the impact it will have on your community			
<b>Grant Amount Requested:</b>			

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Project Description		
<p><b>Need for Project:</b></p> <p>Describe the current limitations of your community space. What community need will your project fulfill?</p>		
<p><b>Benefit of Project:</b></p> <p>Describe the unique, innovative and multi-use features of your project. How is your project addressing a specific gap in the community?</p>		
Document Checklist		
Document:	Yes	No
Certificate of Incorporation		
Recent Annual return or Proof of Filing		
Organization Bylaws & Objectives		
List of Board of Directors		
Quotes from THREE Landscape Architect Firms		

Please submit completed application electronically to [programs@parksfdn.com](mailto:programs@parksfdn.com) as one file with subject line “Conceptual Drawing Application - Project Name”.