Alberta Conference Adventist Community Services

Project Grant Request

**When complete, please forward this form by March 1 to:**

Alberta Conference Adventist Community Services Department, 5816 Highway 2A, Lacombe, AB, T4L 2G5

Phone: (403) 342-5044 Fax: (403) 775-4068 Email: acs@albertaadventist.ca

This request for funding will be reviewed by Alberta Conference Adventist Community Services Department.

***Please print or type the following information:***

|  |  |  |
| --- | --- | --- |
| Church/Centre/Organization Name: | | |
| Project Name: | | |
| ***Proposed Project Start & End Dates:*** | | |
| Grant Requested: $ | | |
| Contact Name: | Church Position: | |
| Telephone number where Contact can be reached between 8:00 a.m. and 5:00 p.m. ***MST****:* | | |
| Phone: ( ) | Cell: ( ) | |
| Contact Email address: | | |
| Church/Centre/Organization Address: | | |
| City: | Province: | Postal Code: |

On page three please write a paragraph or two describing ***each*** activity:

1. **WHAT**: What is the ***purpose and*** the overall plan of what you are going to do?

2. **WHO**: Who are the people you aim to serve? How many people do you plan to serve over the year*?* ***Provide disaggregated data as much as possible.***

3. **WHEN**: What are the dates during the calendar year you plan to offer your program? Is it an on-going project or a one-time event during the year?

4. **WHERE**: Where will your project take place?

5. **WHY**: Why has your church/group chosen to undertake this project?

6. **LONGEVITY**: How many years has the project been active?

7. **VOLUNTEERS**: How many volunteers ***(males and females)*** will work with the project?

8. **PARTNERSHIPS**: Will you be partnering with another organization? If so, how?

*Alberta Conference use only:* Date Received:

Project ID#: Entered on FE:

|  |  |
| --- | --- |
| **Items** | **Cost** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total:** | **$** |
| Less Funds Carried Over from Previous Year: | - $ |
| Less Support from Church: | - $ |
| Less Support from Other Organizations: | - $ |
| **= Total Grant Request from Alberta Conference:** | **$** |

**Our Organization agrees to follow the Alberta Conference Adventist Community Services Project Guidelines, to give appropriate credit to Alberta Conference, and to submit an Interim Report on Sept. 15th and a Final Report on Jan. 31st to the Alberta Conference Adventist Community Services Department.**

**Church Board Approval**:

Date:

Board Chair Name:

(Please Print)

Board Chair Signature: