

Medicine Hat REALTORS'®

Charitable Foundation



MISSION STATEMENT

To support and contribute to the needs of the citizens of Medicine Hat and area.

Grant Request Form

(Please note that additional information may be requested at a later date.)

Date of	of application:				
1.	Organization				
	Name:	Address:			
	Telephone:	City:			
	Fax:	Province:			
	Email:	Postal Code:			
	Contact Person (& numbers if different than above):				
		purpose, length of time in existence, types of			

	Na	me of applicant/Date:			
2.	Pro	roject			
	,	Name: What is the need & how was the need identified? (please provide community studies or supporting documentation if available)			
	c)	How will this project address the need?			
	d)	What outcome do you expect & how will you measure the effectiveness?			
	e)	Are you aware of any similar existing projects & how does yours differ?			
	f)	Have you sought or achieved other sponsorship/funding for this project?			
	g)	Describe any community involvement/collaboration.			
	h)	What will happen to your project if you receive partial funding?			
	i)	How will this project be funded/maintained in the future?			

Name of Applicant/Date:		

Project Budget Summary

<u>Project Revenue</u>			
Sources of Revenue	Assured	Potential	
Medicine Hat REALTORS'®	<u>\$</u>	<u>\$</u>	
Charitable Foundation			
Other Funders			
	<u>\$</u>	<u>\$</u>	
	<u>\$</u>	<u>\$</u>	
	<u>\$</u>	<u>\$</u>	
Government (specify)			
	<u>\$</u>	<u>\$</u>	
	<u>\$</u>	<u>\$</u>	
	<u>\$</u>	<u>\$</u>	
Support from your organization	<u>\$</u>	<u>\$</u>	
Total Project Revenue	<u>\$</u> +	<u>\$</u>	= <u>\$</u>
Project Expenditures			
Item		Cost	
1		<u>\$</u>	
2		\$	
3		\$	
4		- \$	
Total Project Expenditures		<u>\$</u>	