



ST. ALBERT COMMUNITY
FOUNDATION

for generations to come

1. Formal/Legal Name of Applicant _____
2. Registered Charitable Number (if applicable) _____
3. Address _____
4. Contact Name of the person in charge _____
Their position in the organization _____
Telephone _____ Fax _____ E-mail _____
5. Amount of grant being requested _____
6. Brief Description of the organization
7. How long the organization has been in operation
8. Give a brief organizational history include overall goals
9. Describe your membership/clients
10. Outline the project budget

11. Project Name

12. Describe the project

13. Indicating what the funding will be used for

14. Outline the dates when the project will be undertaken.

15. Describe how will this project benefit the St. Albert community?

16. Has the organization or individual applied to other groups for funding? If so with whom and has this funding been secured?

**The application may be emailed to sacf@sacf.ca
or mailed to the following address:**

**St. Albert Community Foundation
P.O. Box 65068
St. Albert, AB
T8N 5Y3**