



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](mailto:sacf@sacf.ca)  
or mailed to the following address:**

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