Project Support Program Application Form

Organization Information			
Name of Non-Profit:			
Provincial Incorporation Number: *(Alberta Societies Act)*		**Date of Incorporation:**	
Organization Mailing Address:			
Contact Information			
Primary Contact Name:			
Email:			
Phone Number:			
Additional Contact Name:			
Email:			
Phone Number:			
Project Information			
Project Title:			
Project Address:			
Facility: *(if applicable)*			
Community:			
Ward:			
Project End Date: *(MMM-YY)*			
Grant Amount Requested: *(if applicable)*			
Total Project Budget:			
Authorized Individuals *(authorized to act on behalf of the organization and required for financial approvals; minimum of two people)*			
1. Authorized Name:			
Email:			
2. Authorized Name:			
Email:			
3. Authorized Name:			
Email:			

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Project Description: Please describe the project's purpose, key components, and expected outcomes.
Project Maintenance: Please describe who is responsible for maintaining the project once complete and how the project will be maintained after completion.
Project Sustainability: Please describe what type of greening, naturalization, or regenerative components your project has, if any?

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Project Timelines: Please outline the key activities and expected timelines for each phase of your project. If your project will be completed in a single phase, complete only *Phase 1*.	
Phase 1 **Phase Name *(optional)*:** **Anticipated Dates:** **Key Activities:** • ***Fundraising activities*** • ***Grant applications*** • ***Design and planning deadlines***	
Phase 2 **Phase Name *(optional)*:** **Anticipated Dates:** **Key Activities:** • ***Fundraising activities*** • ***Grant applications*** • ***Design and planning deadlines***	

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Project Budget		
Project Revenue *Include all grants, donations, sponsorships etc.*	**Select if funds are confirmed**	**Total**
	☐	$
	☐	$
	☐	$
	☐	$
	☐	$
	☐	$
Total Project Revenue: *(revenue = expenses)*		$ 0
Project Expenses *Include all eligible project expenses (equipment, facility upgrades, recognition)*		**Total**
		$
		$
		$
		$
		$
		$
Total Project Expenses: *expenses = revenue)*		$ 0
In-Kind Contributions *Include all*		**Total**
		$
		$
		$
		$
		$
In-Kind Project Total:		$ 0
Project Subtotal *(expenses)*		$ 0
Total Project Budget *(expenses + in-kind contributions)*		$ 0

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Marketing		
Instagram handle		
Facebook handle		
LinkedIn account		
Organization website		
Project website *(if applicable)*		
Website blurb *Max: 50 words* In your own words, how would you describe the project		
Total fundraising budget		
Do you plan on using our online donation platform for this project?	☐ Yes	☐ No

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Supporting Document Checklist		
Document attached:	**Required**	**Attached (✓)**
Certificate of Incorporation	PSP and Grant Applications	☐
List of Board of Directors *(addresses and full contact information)*		☐
Most Recent Annual Return or Proof of Filing		☐
Most Recent Financial Statement *(statement of financial position and income statement)*		☐
Organization Budget for the Current Year *(operating and capital)*		☐
Current Organization Bylaws and Objectives		☐
Letter of Permission *(from owner, landowner, lease if applicable.)*		☐
Three quotes	Grants only	☐
Letters of Support	Optional	☐
Project Design or Plan	Optional	☐

To submit your organization's application:

- Email programs@parksfdn.com
- Include the project name in the subject line.
- Attach your application as a single PDF file.

Submitted by: _____ Role in Organization: _____

Signature: _____ Date: _____