



CLEAR HILLS COUNTY COMMUNITY SUPPORT SERVICES FUNDING APPLICATION

1. Please read carefully all of the information in this form prior to your submission.
2. Please note all shaded **grey areas** are reserved for your year-end final report.
3. Ensure budget template provided is used.
4. Applicants may be required to provide a presentation on their application.
5. Recommendations on funding will go to Council as quickly as possible. You will be contacted once a Council resolution has been made.
6. Incomplete applications will be returned to the applicant.

If you have questions about this application, please contact:

Lori Jobson, Corporate Services Manager

Phone: 780- 685- 3925 ext. 105

Email: Lori@clearhillscounty.ab.ca

Clear Hills County Community Support Services Grant Application

1. PROGRAM/PROJECT NAME	GRANT AMOUNT REQUESTED	GRANT AMOUNT AWARDED
	\$	\$

2. APPLICANT INFORMATION	
Applicant Name:	Start typing here - boxes will expand
Contact Name:	
E-Mail Address:	
Mailing Address (include postal code):	
Telephone Number:	

1. PROGRAM/PROJECT OVERVIEW
Please explain, in your own words, what the program/project is and why it is important to our community.
Start typing here - boxes will expand

Participant Information:								
Anticipated and Actual # of participants:								
	Infants/Toddlers 0-3 yrs.	Preschoolers 3-5 yrs.	Children 5-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	Families	Presentations
Anticipated								
Actual								
Other:								
	Total # of Participants*	# of Volunteers*	# of Volunteer Hours*	Other?	Other?	Other?	Other?	Other?
Anticipated								
Actual								

