



Applicant Group Name:
Contact Person:
Mailing Address:
Postal Code:
Phone & Cell Number:
Fax Number:
E-mail address:
Project Title:
Project Location:
Project start date:
Project completion date:
If your project is successful in receiving funds from CF Parkland please indicate what organization the cheque is to be payable to:
Describe the proposed project and impact on communities:

List any partners that are involved with the project:

How will this project be sustainable?

Will the project move forward without assistance?

What will be the in-kind contribution to the project, if any?

## Budget

<u>Project Funding</u>	<u>Cash</u>	
1.) Amount requesting from CF Parkland -		
2.)		
3.)		
4.)		
5.)		
6.)		
<b>Total Project Funding</b>		
<u>Project Expenses (must provide quotes)</u>	<u>Cash</u>	<u>In-Kind</u>
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
Total Project Expenses (must be less than \$25,000)		
<b>Project Funding - Expenses =</b>		

### TERMS

**Budget:** Provide an itemized list of estimated expenses and income required to carry out proposed project. It should include direct and indirect costs, (quotes are required) and all anticipated sources of income. Eligible projects are limited to \$25,000 in total costs. A Budget template is provide for you above. It is acceptable if you would like to submit your own with the required information clearly stated.

**Funding Request:** Amount requested from CF Parkland must not exceed \$3000.

**Applicant Contribution:** Every dollar requested must be matched by real dollars from your group or another agency. In-kind does not qualify.

**In-kind:** The dollar value of non-cash contributions, such as volunteer time, use of facilities or donated equipment are examples of in-kind contributions. The in-kind contributions must total at least 10% of total project costs.

**Application deadline is 4:00 pm, Thursday, March 31, 2016.**