

**Sherling Animal Welfare Fund**

**2017 GRANT APPLICATION**

**Thank you for your interest in the Sherling Animal Welfare Fund. While all applications will be considered on their own merits, 2017 applications will be encouraged from smaller organizations, in particular (operating budgets under $1 million). Preference will be given to those seeking funds for the purchase of equipment and supplies. Grants are expected to be awarded by December.**

**Please read the entire Application Form before completing this application. Your application cannot exceed three pages nor be smaller than ten-point font.**

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| **Organization Profile** | | | | | | | | | | | | |
| **Name of Registered Charity:** | | | | |  | | | | | | | |
| **Charitable Number:**  **(Canada Revenue Agency)** | | | | |  | | | | | | | |
| **Mailing Address:** | | | | |  | | | | | | | |
|  | | | | | | | |
|  | | | |  | |  | |
| **Phone Number:** | | | | |  | | | | **Fax Number:** | |  | |
| **Website Address:** | | | | | | | | |  | | | |
| **Organization Annual Operating Budget:** | | | |  | | | | | **Date of Incorporation:** | |  | |
| **Organization’s Mission or Purpose:** | | | |  | | | | | | | | |
| **Project Highlights and Details** | | | | | | | | | | | | |
| **Project Title:** | | |  | | | | | | | | | |
| **Brief Project Description:** | | |  | | | | | | | | | |
| **Project Start Date:** | | |  | | | | | **Project End Date:** | | |  | |
| **Name of Project Leader:** | | | | | | |  | | | | | |
| **Title of Project Leader:** | | | | | | |  | | | | | |
| **Email Address of Project Leader:** | | | | | | |  | | | | | |
| **Phone Number of Project Leader:** | | | | | | |  | | | | | |
| **Statement of 1) the community priorities or issues the project will address (i.e., why you want to undertake this project, what particular needs or purposes it will address, what evidence you have that this project will be worthwhile to your community and your organization) and 2) how it is relevant to the Sherling Animal Welfare Fund:** | | | | | | | | | | | | |
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| **Concise description of the activities to be undertaken and how the project relates to your current programs or services (i.e., what you propose to do to address the above priorities or issues). Include if and how you will engage volunteers, community members and other organizations, as well as a brief timeline:** | | | | | | | | | | | | |
| **Project Activities:** | | | | | | | | | | | | |
| **Project Timelines: (bear in mind that grants will not be awarded till November 2017 at the earliest)** | | | | | | | | | | | | |
| **What is the intended impact of the project upon your organization and community? How will you know progress is being made and how will you measure whether needs were met and impact was achieved? Approximately how many animals will benefit?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Project Budget: Projected Expenses (major items and amounts). Please total. Indicate the expenses to be supported by Calgary Foundation revenue.** | | | | | | | | | | | | |
| **Total Project Budget:** | | $ | | | | **Amount Requested from**  **The Sherling Animal**  **Welfare Fund (suggested range: $3,000 to $8,000)** | | | | | | $ |
| **Anticipated Project Revenue Sources.**  Ensure that the total anticipated revenue matches your total projected expenses. | | | | | | **Confirmed** | | | | | | **Pending** |
| Calgary Foundation | | | | | |  | | | | | | $ |
| Revenue Source | | | | | | $ | | | | | |  |
| Revenue Source | | | | | | $ | | | | | |  |
| **Total Project Revenue** | | | | | | **$** | | | | | | **$** |
| **Project Expenses.**  Indicate the expenses to be supported by  the Calgary Foundation Grant. | | | | | | **Project Expenses** | | | | | | **Sherling Animal Welfare Fund** |
|  | | | | | | $ | | | | | | $ |
|  | | | | | | $ | | | | | | $ |
|  | | | | | |  | | | | | |  |
| **Total Project Expenses** | | | | | | **$** | | | | | | **$** |
| **Previous Grants –** Please list all previous grants received through the Sherling Animal Welfare Fund at the Calgary Foundation. | | | | | | | | | | | | |
| **Date (YYY/MM/DD)** | **Purpose** | | | | | | | | | **Amount** | | |
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Senior Staff Person/Board Chairperson Name and Title (Please Print)

Signature Date

**Email completed applications to:** donorgrants@calgaryfoundation.org

**Application deadline:** September 29, 2017

**Mail:** In addition, please send one hardcopy of this application by **September 29, 2017,** signed by your Senior Staff Person or Board Chairperson to the Calgary Foundation, #1180, 105 12 Ave. St SE, Calgary, AB T2G 1A1

**For more information** please contact the Donor Grants Administrator, at 403-802-7304, or by e-mail at [donorgrants@calgaryfoundation.org](mailto:donorgrants@calgaryfoundation.org).