

**Community Enhancement Fund of  
WASTE CONNECTIONS OF CANADA INC.  
and  
Paintearth Regional Waste Management**

**GRANT APPLICATION FORM**

*Please read the Granting Guidelines before completing this application.*

**APPLICATION SUMMARY**

***Applicant Organization***

***Societies Reg. Number*** (if applicable) \_\_\_\_\_

***Revenue Canada***

***Registered Charities Tax Number*** (if applicable) \_\_\_\_\_

(a) Organization's Legal Name \_\_\_\_\_

(b) Project Title \_\_\_\_\_

(c) Project Summary Description (Maximum 5 lines)

(d) Requested Amount \_\_\_\_\_

(e) Total Project Budget \_\_\_\_\_

(f) Project Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Section A – General information regarding the applicant organization

1. Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

2. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Directors:  Attached is a complete list of directors or fill in below:

Chair/President: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section B – Information regarding the project for which funding is being requested**

1. Project Duration: From \_\_\_\_\_ to \_\_\_\_\_

2. Project background and need for this project

3. Project goals/objectives

4. Project activities and plan of action

5. Expected results of this project

6. Who will benefit from this project?

7. How will the project be evaluated?

8. If this project is not time-limited, how will it continue after the period of funding ends?

9. The Community Enhancement Fund can only make grants on a year-to-year basis, but we would be interested to know if this grant application is part of a longer term plan of 3 to 5 years.

10. FOLLOW UP - Grant recipients are required to provide written reports about their projects at the project's completion. (A project Report Form will be provided to all grant recipients.) Oral reports are also useful in "telling your story", as well as photos and we very much welcome that kind of feedback.

Please provide the contact information of the person most likely to be responsible for making these reports:

Name: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Section C – Project Budget

### Expenditures

Item	Description	Cost	Grant Funds Expected
Salaries/benefits			
Professional fees/ honoraria			
Rent/utilities			
Telephone/ communications			
Office/postage/ equipment			
Printing/photocopying			
Travel			
Promotion/publicity			
Production costs			
Evaluation			
Other (specify)			
<b>Total Expenditures</b>			

### Revenues

Sources	\$ Assured	\$ Potential	Contact & Telephone
Applicant's own contribution			
cash			
in-kind			
Community Fund Grant			
Other Grants			
<b>Total Revenue</b>			



## Section D – Letters of Support

Please attach letters of support for this project. This may not pertain to all applications, but where your project is collaborative in nature, or impacts other organizations, letters of support will enhance your application

## Section E – Signatures

Senior staff person

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Signature	Title	Date
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Chairperson/board member

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Signature	Title	Date
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**Please send completed applications and supporting materials to:**

Community Enhancement Fund of Waste Connections of Canada Inc.

Box 509, Castor, AB T0C 0X0

EMAIL: [bfigrant@countypaintearth.ca](mailto:bfigrant@countypaintearth.ca)