



Together We Make a Difference Radiothon - June 2025 Community Organizations Funding Application

All chosen projects will be required to:

- Share information about Radiothon (date, time, location & purpose) with their donors, staff, clients.
- Share information about Sheep River Health Trust – include our logo on their website, educate volunteers and staff about our mission and projects, we have funded.
- Share posts provided by Sheep River Health Trust on their social media accounts.
- Hold their events on an alternate date than Radiothon so as not to compete with our fundraising goals.
- Provide 2 people for pre-interviews, who have benefited or will benefit from the project.
- Provide 2 volunteers for a minimum 2-hour shift at Radiothon.

Application notes:

- The Trust will not accept, nor support funding requests from provincial, national, or international Non-Governmental Organizations (NGOs). We only fund local foundations or NGOs whose programs and services are related to health and wellness in the Foothills.
- Funds raised by the Trust will be directed to public health facilities, services and programs whose client base is located in the region served by the Trust.
- The Trust does not provide funding for salaries, rent, operational costs or transportation costs.
- Programs and facilities must have a connection to Alberta Health Services.

How do we assess your application?

The Sheep River Health Trust's Grant Committee assesses all applications using the following criteria:

- 1) **SRHT Funding Priorities: 10 Points**
Demonstrate how the project aligns to one of the pillars of support and how AHS is involved.
- 2) **Need for Funding for the project: 10 Points**
Demonstrate the need for funding outside their organization for the project to go forth.
- 3) **Benefit to Community & Social Impact: 10 Points**
Demonstrate how the project fills an identified need and how it will benefit the community.
- 4) **Budget: 10 Points**
Demonstrate a clear justification of how you intend to spend the funds and costs are reasonable.
- 5) **New or Not recent projects: 10 Points**
The project has not received funding from SRHT in the last 3 fiscal years.

Please send the completed application to: Sheepriver.healthtrust@albertahealthservices.ca

Note - You will be required to come for a short 15-minute presentation if your application is chosen for funding consideration. Presentations are on Monday, March 17 starting at 1pm at the Okotoks Health & Wellness Centre, we will contact you regarding your specific time.

Application Deadline: Wednesday, March 10 by Noon



2025 Community Organizations Funding Application

1. General Information

Organization / Agency Name	
Executive Director	Project Contact Person and Title
Project Telephone Number	Project Fax Number
e-mail	
Mailing Address (Site, Address, Town)	
Street Address (Site, Address, Town)	Postal Code
Website	
Social Media Links (Facebook, Twitter etc)	

2. Type of Organization

Alberta Societies Act Registration Number	Government Agency
Charitable Number	Other (please specify)

3. Overview

Please provide a brief description of your organization (ie. Mission, clients, services, etc.)		
Project Name:		
Location of Project:		
Total amount requested (and amount of the full project if asking for a portion)		
Have we funded the following in the last 3 years?		
Your organization (please circle):	YES	NO
This Project (please circle):	YES	NO
Overview of Project		
Why is this project important to the community?		
Identify the social issue the program will address. What evidence supports that this need exists?		
Is this a single event or a project that spans over a timeline? Identify the timelines involved.		
Who is served? (age, income, #s)		

#s of people served by community:

	Okotoks	Black Diamond	Turner Valley	Foothills County	Longview	High River	Other
Children							
Youth							
Adults							
Seniors							
Families							
Other:							

What happens if we do not fund the project?

Please describe the project's link to Alberta Health Services – how is AHS involved in your project?

Which Sheep River Health Trust Pillar of Support does your project align:

Please check all that apply:

<input type="checkbox"/>	Children and Youth
<input type="checkbox"/>	Families
<input type="checkbox"/>	Seniors
<input type="checkbox"/>	Medical Equipment
<input type="checkbox"/>	Community Care Projects

How does the project align to your selected Pillar of Support?

Please include a letter of community support.

Letters of Community Support must be current (recent) and must include:

- the name of organization offering the support
- your name, position title, and signature, as well as the date
- where possible, your organization letterhead

Letters must clearly endorse the project and clearly demonstrate the following:

- your knowledge and support of the proposed project
- the need that will be addressed by the proposed project in your community
- the project's likely benefits to the community (in 1 or 2 sentences)

4. Budget & Financials

Is your organization actively fundraising for this project? If Yes, describe the fundraising activities.

Please attach a budget for the Program Project.

Please attached your most recently Audited Financial Statements.

Include other funding sources and identify them as *confirmed & unconfirmed*.

5. Organization Information

Fiscal Agent Name & Address (if other than the organization).

Board of Directors

YES

NO

If yes, please attach list of Board of Directors.

of Directors:

of Staff members (full and part-time)

I believe the information in this application to be accurate and complete and to be on behalf of the organization listed above, with its full knowledge and consent.

Print name & title.

Signature

Date

Please send completed application to:

Sheepriver.healthtrust@albertahealthservices.ca

For questions, please contact Andrea Mitchell at 403-995-5400.