



Together We Make a Difference Radiothon Community Project Funding Application

The 2020 Radiothon is in partnership with The Eagle 100.9FM on June 25, 2020

- All chosen projects will be required to:
 - Share the Radiothon information / posters etc with their donors, staff, clients
 - Provide 2 people who have benefited or will benefit from the project for pre-interviews as well as On Air interviews on June 25th.
 - Provide 6 volunteers for a minimum 2-hour shift.

Application notes:

- The Trust will not accept, nor support funding requests from provincial, national, or international Non-Governmental Organizations (NGOs).
- The Trust only funds 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 or operational costs.
- The Trust does not fund transportation costs.
- Programs and facilities must have a connection to Alberta Health Services. If you would to discuss this please call the office at 403-995-5400.
- The Committee will have discretion to seek additional information in support of an application.
- The Trust will not fully fund a project, other funding must be provided by alternate sources.



**Together We Make a Difference Radiothon
Community Project 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)

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)
Overview of Project (with timelines)
Identify the community need for this Program Project. Include only summary results of studies and/or surveys.
Who is served? (age, income, #s)
What impact or change do you want to achieve?

Please demonstrate your projects link to Alberta Health Services.

Additional Comments you wish to make:

3. Financials

Please attach a budget for the Program Project.

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

4. Organization Information

Fiscal Agent Name & Address – if other than the organization

Board of Directors

Yes or No

If yes, please attach list of Board of Directors

of Board of Directors

of Staff members (full and part-time)

5. 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 or

Fax to 403-995-2663 attention Sheep River Health Trust

Note - You will be required to come for a short 15 minute presentation if your application is chosen for funding consideration. Presentations to be held in April.

Questions - Please contact Andrea Mitchell at 403-995-5400

Application Deadline: Monday April 9th at Noon.