



## **Together We Make a Difference Radiothon Community Project Funding Application**

The 2020 Radiothon is in partnership with The Eagle 100.9FM on June 24, 2021

- 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 24<sup>th</sup>.
  - 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**

<b>Organization / Agency Name</b>	
<b>Executive Director</b>	<b>Project contact person and title</b>
<b>Project Telephone Number</b>	<b>Project Fax number</b>
<b>E Mail</b>	
<b>Mailing Address (Site, Address, Town)</b>	
<b>Street Address (Site, Address, Town)</b>	<b>Postal code</b>
<b>Website</b>	
<b>Social Media Links (Facebook, Twitter etc)</b>	

**2. Type of Organization**

<b>Alberta Societies Act Registration Number</b>	<b>Government Agency</b>
<b>Charitable number</b>	<b>Other (please specify)</b>

## Overview

<b>Please provide a brief description of your organization (ie. Mission, clients, services, etc.)</b>
<b>Project name</b>
<b>Location of Project</b>
<b>Total amount requested (and amount of the full project if asking for a portion)</b>
<b>Overview of Project (with timelines)</b>
<b>Identify the community need for this Program Project. Include only summary results of studies and/or surveys.</b>
<b>Who is served? (age, income, #s)</b>
<b>What impact or change do you want to achieve?</b>

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](mailto: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/May.

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

**Application Deadline: Friday, April 9th at noon.**