

Name of applicant/Date: _____

2. Project

a) Name: _____

b) What is the need & how was the need identified? (please provide community studies or supporting documentation if available)

c) How will this project address the need?

d) What outcome do you expect & how will you measure the effectiveness?

e) Are you aware of any similar existing projects & how does yours differ?

f) Have you sought or achieved other sponsorship/funding for this project?

g) Describe any community involvement/collaboration.

h) What will happen to your project if you receive partial funding?

i) How will this project be funded/maintained in the future?

Name of Applicant/Date: _____

Project Budget Summary

Project Revenue

Sources of Revenue	Assured	Potential		
Medicine Hat REALTORS'®	\$ _____	\$ _____		
Charitable Foundation				
Other Funders				
_____	\$ _____	\$ _____		
_____	\$ _____	\$ _____		
_____	\$ _____	\$ _____		
Government (specify)				
_____	\$ _____	\$ _____		
_____	\$ _____	\$ _____		
_____	\$ _____	\$ _____		
Support from your organization	\$ _____	\$ _____		
<u>Total Project Revenue</u>	\$ _____	+	\$ _____	= \$ _____

Project Expenditures

Item	Cost
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
<u>Total Project Expenditures</u>	\$ _____

BUDGET REVENUES AND EXPENSES MUST BALANCE!