



Crescent Point Community Foundation Application for Funding

1. Name of Applicant/Organization/Agency _____

2. Mailing Address _____

3. Contact Person: _____ Position: _____

Telephone: _____ Fax: _____

Email: _____

4. Project Name _____

5. Project Description:

6. Amount of Funding Requested \$ _____ One Time Funding _____ Multi Year Request _____

Date funding Required by: _____ Date Funds to be fully utilized by: _____

7. Type of Organization/Agency

- Municipal
- Incorporated Society - Registration Number#
- Non Profit Organization
- Other - Please specify _____

8. Organization/Agency Information

Board of Directors (Yes/No) _____

Number of Board Members _____

Staff Members (Yes/No) _____

Number of Full Time Staff _____

Number of Part Time Staff _____

Volunteers (Yes/No) _____

Number of Volunteers _____

9. The Crescent Point Community Foundation's mission is to fund and assist initiatives specifically in the following Key Areas:
Which of the following target areas does your project fall into? Check all that apply:

_____ Education – by supporting community organizations that promote the education of children and youth in the community and providing educational scholarships and bursaries.

_____ Health and Well-Being – by supporting community organizations that promote health and wellness, contribute to the prevention of illness or injury and enhance health care and emergency services, with a particular emphasis on children and youth in the community.

_____ Sport and Recreation - by supporting community organizations dedicated to enhancing the physical and social well-being of the community.

_____ Environment – by supporting community organizations whose efforts to care for and protect the environment further the goals of Education, Health and Wellbeing and Sport and Recreation described above.

10. In Order to be eligible to receive funding from the Foundation, an organization must;
(Note: All of the points listed below must be present in an organization in order to receive funding)

- be located in and serving a community where Crescent Point does business;
- be a registered charity which is eligible to issue official tax receipts for donations or an established non-profit community organization; and
- be able to demonstrate financial and operational accountability for funding received.

11. Except in special circumstances as may be determined by the Board of Directors of the Foundation, funding **will NOT** be provided in support of any of the following:

- Individuals
- Religious Organizations
- Third-Party Fundraisers
- Professional conventions, conferences or seminars, unless industry related;
- Travel for individuals or groups; or
- Political events

Does your proposal fall into one of the above categories? If YES, then please provide a detailed explanation as to the special circumstances of your request that the Board of Directors should consider.

12. Certification: I believe the information in this proposal to be true and certify that the individuals or organizations involved with this proposal will not benefit financially directly through the funding of this project.

Name (Please Print) _____ Position _____

Signature _____ Date: _____

The supplementary Information that follows must be completed.

Supplementary Information

The Foundation's Board of Directors will determine projects to fund and the amount of funding based firstly on eligibility as it relates to the questions above in addition to the positive impact the project will have within the communities in Southern Alberta in which Crescent Point Energy Corp. carries on operations. To help us evaluate your proposal, please answer the following questions as accurately as possible. Some questions may not apply to your situation or request. If a question does not apply please mark the appropriate area as N/A.

13. Impact

Which municipality (e.g. Town, Village, MD) is your project located? _____

Which municipalities/communities is your project targeted to benefit?

Community _____

Proposed benefit _____

What demographic are you targeting? Children Youth Families Elderly All

Estimate of the number of persons that will benefit ? One Time
 Monthly
 Annually
 Other

14 Goals (Provide a General Statement of what this project is attempting to achieve)

15 Need (Provide a General Statement of the need this project is fulfilling within the community(s))

16 Resource: (Provide the current total project budget and list any other fundraising strategies your organization is involved with for this project)

17. Outcomes: (Provide a statement of what impact this project is expected to make in the short, med and long term)

18. Indicators of Success: (Provide a statement and a list of measurement tools (example; surveys, focus groups, personal interviews, usage counts), to be used to measure the impact of the project.

19. Financial Accountability (Provide a description of how you will track expenditures and be able to show financial accountability for the project. example financial statements, invoices etc)

20. All applications should be completed and sent to your local External Stakeholder Advisory Committee member and/or returned to a municipal office below.

Municipality	Name	email	ph#
Turner Valley	Mayor, Kelly Tuck	Kellyt@turnervalley.ca	(403) 933-4944
Black Diamond	Mayor, Sharlene Brown	jothma@telus.net	(403) 933-4348
Longview	Mayor, Carole MacLeod	Carole.Macleod@village.longview.ab.ca	(403) 558-3922
Okotoks	Mayor, Bill Robertson	mayor@okotoks.ca	(403) 938-8904
MD of Foothills	Councilor, Jason Parker	jason.parker@mdfoothills.com	(403) 931-1480

Funding request greater than \$25,000 will required the proponents to present their application in person at a scheduled meeting of the Foundations External Stakeholder Advisory Committee. Requests of lesser amounts may be requested to present at the discretion of the committee.