



# 2024 ALBERTA WILDFIRES HOLIDAY SEASON GRANTS

## Application Form

### CONSENT

The information collected by the Canadian Red Cross will be used for the purposes of: (a) evaluating your request for funding (b) assessing and supporting your general expression of need for granting or financial assistance; (c) providing and continually improving such services; (d) Canadian Red Cross research and advocacy activities; and (e) communicating with you.

The information you provide may be disclosed in full or part to government agencies, service providers or other third parties as required to validate, confirm, approve, and administer your application, funding or other humanitarian assistance, coordination to avoid duplication, or as otherwise required by law or regulation. This includes any personal information you may disclose as part of your application. For more information about the Canadian Red Cross' practices regarding personal information, please see our privacy policy at <http://www.redcross.ca/privacy-policy> or you can contact us at [privacy@redcross.ca](mailto:privacy@redcross.ca) or communicate with one of the Canadian Red Cross offices in Canada.

By completing this application, you are formally declaring that all information provided in your application is accurate and truthful, and you are giving your consent to the Canadian Red Cross to collect, use and disclose your information in the manner previously described. Making any false, inaccurate, or misleading statements could be considered fraud. The Canadian Red Cross reserves the right to request further substantiating documentation.

Please indicate your acceptance of these terms by signing below.

<b>Name</b>	
<b>Date</b>	
<b>Signature</b> insert your e-signature or type your name	

## PART 1: ORGANIZATION DETAILS

<b>Organization legal name</b>	
<b>Organization common name</b> if applicable	
<b>Organization type</b>	<input type="checkbox"/> Charity or other type of qualified donee <input type="checkbox"/> Non-profit <input type="checkbox"/> Indigenous governing body <input type="checkbox"/> Municipality or municipal entity <input type="checkbox"/> Provincial entity
<b>Organization registration number</b>	
<b>Head office address</b> Full street address City/Municipality Province/Territory Postal code PO box (optional)	
<b>Website and/or social media</b>	
<b>Project contact</b> First name, last name Role/Title Phone number Email address	

## PART 2: PROJECT DETAILS

<b>Project title</b>	
<b>Location(s)</b>	
<b>Date(s) or Timeline</b>	

### Community recovery needs

Please tell us briefly about the recovery needs you see this holiday season, as relevant to your organization's work and the impact of the 2024 Alberta wildfires on the community.

### Description

Describe your project, the various activities included, and how it will foster community connectedness and wellness this season.

### Attendance / Reach

Please provide some context on who will be involved in your initiative as well as your best estimate of the total number of people who will be directly reached.

### Purpose statement

Summarize the purpose of your project including what it will include, who it will engage, and how it will support community connectedness and wellness this season.

This statement will form the basis for an agreement if your application is accepted for funding.

## PART 3: BUDGET

<b>Total funding requested</b> from the Canadian Red Cross	\$
<b>Other funding contributions</b> Optional—If there are other funding contributions to the activities or if you are seeking funding to fill a gap in funding, please provide details here.	
<b>Attached budget</b> Please complete the Budget template and submit it along with your application form.	

## CERTIFICATION & CONDITIONS

- I have the authority to submit this Application.
- I understand that additional documentation may be required in support of this Application and that additional documentation can be requested and reviewed to confirm the accuracy of the information provided.
- I have read the applicable Program Guidelines and Eligible Costing Rules provided by the Canadian Red Cross in relation to this funding request and acknowledge and consent to having the information provided used to determine the organization's eligibility for funding and to assess the application.
- I certify that our organization is not seeking duplication of assistance for these project activities.
- I understand that by certifying this Application, I attest that all information is true, accurate and complete.
- I understand that any false statements or deliberate omissions may disqualify the application.

By signing below, I affirm that I have read, understand, and comply with all certifications listed above.

<b>Name</b>	
<b>Date</b>	
<b>Signature</b> Insert your e-signature or type your name	