



2024 ALBERTA WILDFIRES RECOVERY 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 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.

Name	
Date	
Signature Insert e-signature or type your name	

PART 1: ORGANIZATION DETAILS

Organization legal name	
Organization common name if applicable	
Organization type	<input type="checkbox"/> Charity or other 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
Organization registration number	
Year of incorporation	
Annual operating budget	
Head office address Full street address City/Municipality Province/Territory Postal Code PO Box (optional)	
Website and/or social media Optional	
Project contact First Name, Last Name Role / Title Phone Number Email Address	

PART 2: PROJECT DETAILS

Project title	
Location(s)	

Impact of the 2024 fires

Please tell us about the impact of the Alberta 2024 wildfires on your community and/or your organization.

Responding to community recovery needs

How is your organization planning to respond to the recovery needs you identified, through a Recovery Grant?

Project context

Please explain whether your proposed project is a new initiative, or a continuation or expansion of existing services.

Purpose statement

Provide a short, 1-2 sentence statement that captures what you hope to achieve with your Recovery Grant project. This statement will form the basis for an agreement, if funded.

Tip: you may find it helpful to skip ahead to define your activities before coming back to your purpose statement.

Focus in community

If your project is designed to focus on the needs of particular groups of people, please select all that apply from the list below (you can select more than one).

Or select “everyone in the community” if your project is focused on general community recovery.

- Everyone in the community
- Children and families
- Youth
- Seniors and Elders
- Black people and/or people of colour
- Inuit or First Nations, Métis, and Indigenous people
- 2SLGBTQIA+ people
- People with disabilities
- Women

Use the space below for additional information if the list above does not fully reflect your community or the work of your organization.

Reach

Please provide your best estimate of the total number of people who will be directly reached by your project.

Note that funded organizations will be asked to report on the total number of people reached and, where relevant and possible, may be asked to report disaggregated demographic data such as age and gender.

Project timelines

Funding can be used for activities that occur between October 1, 2024, and November 30, 2026.

Start date	
End date	

Project activities

Identify up to 5 major activities to be included in a Recovery Grant agreement if funded.

	Activity	Description	Timing / frequency
1.			
2.			
3.			
4.			
5.			

PART 3: BUDGET

Total funding requested from the Canadian Red Cross	\$
Other funding contributions 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.	
Attached budget 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.

Name	
Date	
Signature Insert e-signature or type your name	