

Town of Claresholm Application for Donation
(Policy 5.1.01 – Schedule "A")



Date of Application: Oct 21, 2025

Date of Event: Nov 22, 2025

1. Applicant Information

Name of Applicant: Claresholm District Health Foundation

Address: Box 2638 Claresholm, AB

Contact Person: Chantel Scott

Phone, Fax, Email: 403-625-9208 / cdhfmail@gmail.com

2. Type of Organization: (circle) ARTS/CULTURE RECREATION/SPORTS EVENT OTHER (specify)
Health - Non profit

3. Is the Organization registered with Revenue Canada as a Charity? (circle) YES NO

If yes provide registration date & # 966372873 RR0001

4. Is the Organization incorporated as a non-profit organization? (circle) YES NO

If yes provide registration date & # _____

5. Type of Donation: (check and explain)

- | | |
|--|---|
| <input type="checkbox"/> COMMUNITY EVENT | <input type="checkbox"/> SPECIAL EVENT |
| <input type="checkbox"/> COMMUNITY PROJECT FUNDING | <input checked="" type="checkbox"/> DONATION - Financial Assistance |
| <input type="checkbox"/> IN-KIND CONTRIBUTION - Fee Waiver | <input type="checkbox"/> IN-KIND CONTRIBUTION - Service, Equipment or Materials |
| <input type="checkbox"/> Other (explain): | |

Explanation: Casino Royal Fall Fundraiser Gala - Fun Money Casino, Hors D'oeuvres, music, auction

Amount (value) Requested: Options w/ letter included.

6. Details of how the funds will be expended:

All money raised here, stays here. We purchase equipment for our local healthcare facilities.

9. Is a copy of the organization's operational or project budget attached?

YES

NO

7. Previous Donations

Has your organization received donation from the Town of Claresholm in the past? If so, please explain the amount and use of these donations.

Date	Amount	Use of Funds
July 2025	\$100.00	Equipment
Nov 2025	\$1000.00	Equipment

8. Organizational Information

What services or activities does your organization provide to the Town of Claresholm residents? (Please attach a list of membership/executive)

Each year we have a cornhole & golf tournaments.
 We ensure our hospital and care facilities are equipped with up to date equipment to keep our residents close to home & ease for staff.

Describe in broad terms the principal objective of your organization or initiative:

To increase awareness and wellness by providing community stakeholders with an opportunity to invest in, support and enhance their local health care.

How will your organization acknowledge the Town's donation?

Visual & verbal recognition at event, in newspaper and on social media

10. Please provide a detailed list of all sources of funding for the organization.

Funding Source	Amount	Recommended Use of Funds
Local businesses/ service clubs		Equipment
Community members		Equipment