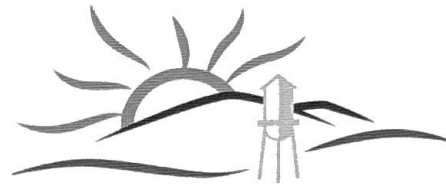


Town of Claresholm Application for Donation
(Policy 5.1.01 – Schedule “A”)



Claresholm

Date of Application: Oct 4/24

Date of Event: Nov 2/24

1. Applicant Information

Name of Applicant: Claresholm District Health Foundation

Address: Box 2638, Claresholm, AB T0L 0T0

Contact Person: Chuntel Scott

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

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

Health

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

If yes provide registration date & # 866372873 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)

- COMMUNITY EVENT
- COMMUNITY PROJECT FUNDING
- IN-KIND CONTRIBUTION - Fee Waiver
- Other (explain):
- SPECIAL EVENT
- DONATION - Financial Assistance
- IN-KIND CONTRIBUTION - Service, Equipment or Materials

Explanation:

Fall-tastic Fundraiser - Dinner, Dueling Piano's w/ Special Guest Charlie Ewing. Our 25 year Celebration

Amount (value) Requested: Options w/ letter dropped off

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
N/A		

8. Organizational Information

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

We hold a Cornhole & Golf tournament each year. We ensure our hospital and care facilities are equipped with up to date and local equipment so they don't always need to leave Claresholm to receive care.

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?

There will be visual and verbal recognition at the event, newspaper & social media recognition after

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

Funding Source	Amount	Recommended Use of Funds
Local Businesses		Equipment Purchases
Community members		Equipment Purchases