

MUNICIPAL GRANT FUNDING PROGRAM

Arts Grant Application:

Organizations

Application Deadline: 11:59 p.m., October 1, 2025

Submit via email to grants@beaumont.ab.ca

This personal information is being collected under the authority of Section 33(c) of the FOIP Act and will be used to administer funding under the Municipal Grant Funding Program. All information gathered by the City of Beaumont is protected by the provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact Legislative Services at 780.929.8782.

PART A: ORGANIZATION INFORMATION

Organization Name				
Mailing Address				
Website				
Social media				
Number of members		Number of volunteers		
Contact Person				
Email		Phone Number		
Organization Type	Registered Charity	Alberta Society		
	Non-Profit Corporation	Other, please specify	,	
Has a copy of your certificate of incorporation been received?		YES	NO	N/A
Has a copy of your latest society annual return been received?		YES	NO	N/A
Has a copy of your most recent financial statements been received? YES NO N/A			N/A	
Organization Type Has a copy of your cert Has a copy of your lates	Non-Profit Corporation ificate of incorporation been received? st society annual return been received?	Alberta Society Other, please specify YES YES	NO NO	N/A

If you answered no, to any of the questions above, please submit a copy along with your application.

BOARD OF DIRECTORS		
Name	Position	Years on Board

ORGANIZATION SUMMARY		
Please provide a summary of your organization, including the primary mission and purpose.		

PART B: EXISTING GRANTS

Do you have any active City of Beaumont grants?		YES	NO	
If yes, have final reports been submitted for all reports?		YES	NO	
Please list all previous projects that you have received grant funding for, from the City of Beaumont, in the last 4 years				nt, in the last 4 years.
Project	Grant Stream		Year	Amount



	PROJECT DETAILS	
Funding Request Type:	Arts Event or Festival Operating Expenses	Art Project/Initiative
Project Name (max. 10 words)		
Funding Amount Requested (\$20,000 maximum request)		
Minimum funding required to complete the project:		
Project Start Date: (mm/dd/yyyy)		
Project End Date: (mm/dd/yyyy)		
Where will the project be located?		
Is this project open to the public?	Yes	No
Applicants may appear before the Bear answer opportunity. Would you like to a PROJECT DESCRIPTION	appear before the Committee?	n optional 10-minute question and Yes No
 Please provide an overview of the project? Who are the participants? 	How will the grant fundWhy is the grant fund	

PROJECT OUTCOMES: What are the intended outcomes of this project/initiative? What are you hoping to achieve, and how will you measure success?
COMMUNITY IMPACT Describe how your project/initiative benefits the community of Beaumont and its residents. Please include how many Beaumont residents will be directly impacted or will benefit from the project/initiative.
How many unique individuals does your organization serve/engage with each year? (count each person one time, even if they access your organization more than once)
(count each person one time, even in they access your organization more than onee)
How many unique Beaumont residents did your organization serve/engage with last year? (count each person one time even if they accessed your organization more than once)



SUSTAINABILITY If your goal is to have this project/initiative continue beyond the grant term, how do you intend to make it sustainable (Please write N/A if not applicable)		
	, what steps does your organization intend to take to work towards making your rant term? (Please write N/A if not applicable)	
ACKNOWLEDGEMENT How will you acknowledge the City of (Examples may be requested during grade)	of Beaumont's financial contribution? ant reporting)	
Social Media	E-Newsletter	
Advertisements	News releases	
Website	On-site signage	

Organizations may submit additional supporting information, to a maximum of ONE PAGE



PART D: PROJECT BUDGET

Please include details regarding project expenses and funding sources. If there is not enough room in the space below you can submit your project budget as a separate document/attachment.

PROJECT FUNDING SOURCES *When listing other grants please specify if funding has been confirmed.		
ANTICIPATED REVENUE	AMOUNT	NOTES *Use this column to provide descriptions for each line item
City of Beaumont Arts Grant	\$	
Earned Revenue (e.g. ticket sales)	\$	
Sponsorships or Cash Donations	\$	
Applicant Funding	\$	
Other Grants	\$	
Gift-in-kind (indicate the value of the donated material/equipment/labour)	\$	
	\$	
	\$	
	\$	
TOTAL	\$	



PROJECT EXPENDITURES

Costs for materials and/or activities that are directly related to carrying out the proposed project.

ANTICIPATED EXPENSE	AMOUNT	NOTES *Use this column to provide descriptions for each line item
Program Supplies	\$	
Volunteer Expenses	\$	
Marketing Expenses	\$	
Contracted Services Expenses	\$	
Facility Rental Expenses	\$	
Capital Expenses	\$	
Specialized Equipment Purchase	\$	
Food and Beverage Expenses *Note: alcohol is not an eligible expense.	\$	
Contingency	\$	
Equipment Rental	\$	
	\$	
	\$	
TOTAL	\$	

Additional budget detail including estimates and quotes for the project can be submitted as additional attachments (max 5 pages in 1 document)



DECLARATION

I DECLARE THAT:

I AM THE APPLICANT; or

I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE-MENTIONED ORGANIZATION

The information contained in this application and supporting documents is true and accurate and endorsed by the above-mentioned organization.

If successful, the funds will be awarded and accepted in accordance with the City of Beaumont's policy and current funding agreement.

Signature	Printed Name
Position/Title	Phone Number

