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## REQUEST FOR FINANCIAL ASSISTANCE

### APPLICATION PROCESS

To request Financial Assistance from either of the following:

1. **MEDICINE HAT PUBLIC SCHOOLS' EDUCATION FOUNDATION** (the "Foundation")  
OR
2. **MEDICINE HAT SCHOOL DISTRICT NO.76** (the "District")

#### **Form:**

Schools who are seeking financial assistance are required to complete the attached application form.

#### **Process:**

The Foundation will give the request first consideration. If approved, funding will come from resources under their direct control (i.e. Casino proceeds).

If the requested use does not meet or comply with both the purposes and goals of the Foundation as well as the provincial gaming/casino rules, then the application will be considered for recommendation and referral to the District.

Upon receipt of duly recommended project applications from the Foundation, the District shall have the sole discretion as to whether the application is a proper and suitable use of charitable funds donated to and held by the District in its "Fund Raising Reserve" account.

#### **Questions:**

Should you have any questions of clarification, please contact Angie Lesko at (403) 528-6726 or email [angie.lesko@sd76.ab.ca](mailto:angie.lesko@sd76.ab.ca).

Thank you so much for your interest in bettering the "quest for quality" principles supported by Medicine Hat School District No. 76 – "**Where Kids Count.**"

## CRITERIA AND GUIDELINES

### **Assessment Criteria:**

In assessing the desirability of the Project, the following will be considered by the Foundation:

- Educational enrichment for students of the District.
- Demonstrable need or worth.
- Not something that the District normally funds.
- Leveraged funding – through “part” or “matching” funding from an outside agency or group (i.e. volunteer work and contributions can be used for “matching” funds).
- Availability of project assets/services to the community at large.

### **Guidelines:**

For a request for funding to be considered the following is expected:

- An application form in the prescribed format has been completed.
- The group or individual applying must be affiliated with the District (i.e. - a school or school group in our System).
- The group or individual making an application must be prepared to volunteer labour, do fundraising and supervise the project (if necessary).
- The group or individual making the application may be asked to attend a meeting of the Foundation Board or the appropriate District staff to answer questions.
- Funding requests for ongoing operations or maintenance costs will not be considered.
- Projects that have spin-off benefits to the local community (i.e. economic, cultural, social, etc.) will be preferred.

# APPLICATION

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To request Financial Assistance from either of the following:

1. **MEDICINE HAT PUBLIC SCHOOLS' EDUCATION FOUNDATION** (the "Foundation")  
OR
2. **MEDICINE HAT SCHOOL DISTRICT NO.76** (the "District")

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

## Name of Person/Organization Making the Submission:

### Contact Person:

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Acknowledgement of School Principal:

I have reviewed and approve this application for submission:

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**A. PROJECT SUMMARY:**

1. **Detailed Project Description** (Please include a drawing or simple blue print if you are planning a change to physical facilities.):

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2. **Project Value** (Please describe why you feel this project is worthwhile.):

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**B. USE OF THE PROJECT:**

1. **Community use** of the facility/equipment (Please indicate whether this facility/project will be accessible by the larger community or will be solely for school use.):

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2. **Ongoing Maintenance** (Please indicate whether there is expected to be any ongoing maintenance, e.g. custodial. If so, indicate how it will be funded.):

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**C. BUDGET:**

Provide as much detail as possible on revenue (grants, etc.) and expenditures for the project (below) and attach additional information, if pertinent.

The following format should be used when creating your project budget. The numbers below are for illustration purposes only. Please input the numbers and descriptions as you see fit. Ensure that you complete the line “*Requested Contribution from Education Foundation*” so that it is clear how much funding is being requested from the Foundation.]

<b><u>Revenue:</u></b>		Sample Calculations
<b>Cash</b>		200
<b>Grants</b>		150
<b>Donations</b>		50
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*		
*		
*		
<b>Requested Contribution from Education Foundation</b>		200
<b><i>Total Anticipated Revenues</i></b>		<b>600</b>

<b><u>Expenditures:</u></b>		
<b>Equipment</b>		400
<b>Facility Renovations (if any)</b>		150
<b>Travel</b>		50
<b>Supplies and Materials</b>		
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*		
*		
*		
<b><i>Total Anticipated Expenditures</i></b>		<b>600</b>

- Some of the Revenue and Expenditure items may require a breakdown or more detail than provided in this sample.

Additional Budget Comments:

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**PLEASE NOTE:** To assist in evaluating the success of your project, you will be required to complete a **post project evaluation** within 6 months of receiving the funding. A **Post Project Evaluation form** is available online at <http://edfound.sd76.ab.ca/Documents.php>.

