



Building Trades of Alberta Charitable Foundation
 11635 160 Street
 Edmonton, Alberta
 T5M 3Z3
 Office: (780) 421-9400 Ext. 116
 www.cf.bta.ca

Registered Name of Organization:			
Mailing Address:		Postal Code:	
Program Site Address:			
Telephone #:		Fax #:	
E-Mail Address:			
Website:			
Registered Charity #:			
Date of Incorporation:		Under which Act are you incorporated?	
Executive Director or Main Contact name:	Name: Home Phone: Address & Postal Code: Email Address:		
Board Chair Contact Information:	Name: Home Phone: Address & Postal Code: Email Address:		

1. What is the purpose or mandate of your organization?

Please provide a brief statement of history, goals and accomplishments of your organization to date.

2. Organization and Board Structure

How many members are on your board? _____

How frequently does the board meet? _____

How did you learn about the Building Trades of Alberta Charitable Foundation? _____

3. Financial Management

Do you operate from an annual budget? _____

If yes, please attach your current year budget to this application.

4. The Request

What is the amount of your request? _____

How will you use the funds from the Building Trades of Alberta Charitable Foundation? Please give an outline of your project and a budget showing anticipated expenses. _____

5. Acknowledgement

If your request for a donation is accepted, how do you propose to acknowledge the Building Trades of Alberta Charitable Foundation's support? Please indicate an outline of how you would do this. For example, you might:

- Acknowledge us in your newsletter, website or magazine
 - Acknowledge us at your AGM, special event or official opening
 - Provide a story to your local newspapers
 - Place our logo on uniforms and/or equipment
 - Name an event, building, team or piece of equipment after us
 - Erect a plaque or sign with our logo
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Declaration of Board Members

In making this application, we, the undersigned Board Members of the Applicant, declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Director's full knowledge and consent.

Signature of Board Member

Signature of Board Member or Executive Director

Print Name of Board Member

Print Name of Board Member or Executive Director

Date

Date