

#180 1209 59 Ave SE Calgary, AB T2H 2P6

Tel: 403 243 3673

FUNDING REQUEST

Name of Parish:	
Name of Deanery:	
Submitted by:	
Contact Information:	
	Address
Contact Number	Email Address
Date of Application:	
Requested Amount: \$	
Date Funds are Required:	

Please attach to this Funding Request a short description (to a maximum of 500 words) addressing the following questions set out below:

QUESTIONS

- □ What is the purpose for this request (goals and desired outcome)?
- □ How are the people of the Parish supporting this request and undertaking (Stewardship)?
- □ Is there a capital campaign or fundraising effort being taken up for this project?
- Are there other grant options available?
- How would this funding impact the influence of your Parish in the community?
- □ What ways does this request align with your Parish's Missional Footprint?
- How does this request reflect our shared vision? (see below)

VISION

To be a church that is inwardly **transformed** by Jesus.

A church that **reflects** the virtue and grace of Jesus.

A church reaching out to **proclaim** God's love to a broken world.

email: diocese@calgary.anglican.ca or visit: www.calgary.anglican.ca

The Anglican Diocese of Calgary

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Please provide financial information that reflects your current financial position, giving us a sense of the need for the request including any variances from current budget and your current balance sheet.

of	, 20, in the	of, in the Province	of Alberta:
	Applicant's Name (print)	Applicant's Signature	
	Parish Incumbent's Name (print)	Parish Incumbent's Signature	
	Warden's Name (print)	Warden's Signature	

If you have any questions concerning this Funding Request please contact the following:

Mr. Blake Bolton, CPA Comptroller 587-320-1344 888-999-1551 (Toll-free in Alberta) bbolton@calgary.anglican.ca The Ven. Dr. Pilar Gateman
Executive Officer
587-320-1342
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2019-08

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