



**CHILDREN'S HOSPITAL AID SOCIETY**  
**BOX 900, STATION M**  
**CALGARY ALBERTA, T2P 2M7**  
*www.chascalgary.ca*

- Initial Application (Please attach annual report or current financial statement)
- Resubmission
- Renewal

**APPLICANT**

Name of Organization:		
Primary Contact Name:		
Address of Organization:		
Tel #:	Fax #:	E-Mail:
Charitable Registration #		

**MANDATE OF ORGANIZATION**


**\$ AMOUNT REQUESTED**

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**DESCRIPTION OF PROJECT AND USE OF FUNDS**


**BUDGET SUMMARY**

1. Salary & Wages	\$
2. Supplies & Equipment	\$
3. Miscellaneous	\$
TOTAL:	

**OTHER CONTRIBUTORS TO THIS PROJECT**

Name of Organization or Party:

**GENERAL COMMENTS**


Position in Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_