



Mountain View
C O U N T Y

Health Grant – Funding Application 2026

10-1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada TOM OW0
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754
www.mountainviewcounty.com

Name of Health Care Organization:	
Mailing Address:	
Contact Person:	
Telephone/Cell Number:	
E-mail Address:	
Registered Charity/Society Number:	

Project/Program Name: (include a projected budget with all requests)	
Description of Project/Program: (please prioritize if more than one project and identify costs for each separate project)	

Nature of Health Care Financial Assistance Requested:

☐ On Going Project ☐ One Time Project

Expenditures: (Itemize & List)		Estimated Revenue & Contributions:	
_____	\$ _____	Funding from own Organization:	\$ _____
_____	\$ _____	Funding from Urbans:	\$ _____
_____	\$ _____	Fundraising:	\$ _____
_____	\$ _____	Grants: _____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	Donations:	\$ _____
_____	\$ _____	AHS Funding: _____	\$ _____
_____	\$ _____	Other: _____	\$ _____
Total Expenditures: (A) \$ _____		Total Estimated Revenue: (B) \$ _____	
Funding Request: (A minus B)		\$ _____	

In-Kind Contributions: (e.g. equipment, labour, materials, etc.)

Materials: _____ \$ _____

Equipment: _____ \$ _____

Volunteer Hours: _____ hrs @ \$15.00/hour \$ _____

Total In-Kind Contributions \$

Estimated amount of rural residents impacted/benefiting from the project:	
Estimated Commencement Date:	
Estimated Completion Date:	

Is the Project/Program beneficial to an Urban Municipality?	Yes	No
Has the Urban Municipality Committed/Approved Funding?	Yes	No
If so, Amount Committed/Approved:	\$ _____	

The following information must accompany the grant application:

- 2025 Financial Statement including reserves
- Registered Societies Return for 2024

Signature:	Date:
Signature:	Date:

Please forward completed applications to:

Mountain View County
Bag 100
Didsbury AB T0M 0W0
Attention: Community Outreach Coordinator

Email: grants@mvcounty.com
Fax: (403) 335-9207

APPLICATION DEADLINE: February 28, 2026

For eligibility criteria, please refer to Mountain View County Policy No. 5001; Procedure No. 5001-01

ALL GRANTS ARE SUBJECT TO FINAL BUDGET APPROVAL BY COUNCIL