



Together We Make a Difference Radiothon - Thursday, June 18, 2026 Community Organizations Application

Requirements for Approved Projects

All organizations selected for funding will be required to comply with the following conditions:

- Distribute information about Radiothon, including the date, time, location, and purpose, to donors, staff, volunteers, and clients.
- Acknowledge Sheep River Health Trust by displaying the Trust's logo on the organization's website and ensuring staff and volunteers are informed about the Trust's mission and funded initiatives.
- Share social media content provided by Sheep River Health Trust through the organization's official social media channels.
- Schedule any fundraising or promotional events on dates that do not conflict with Radiothon to avoid competition with Radiothon fundraising efforts.
- Refrain from hosting or organizing a Radiothon event in 2026.
- Provide two individuals (beneficiaries or intended beneficiaries of the funded project) to participate in pre-event interviews.
- Provide two (2) volunteers to support Radiothon for a minimum of two (2) hours each.

Application Notes

- The Trust does not accept or consider funding requests from provincial, national, or international non-governmental organizations (NGOs). Funding is limited to local foundations or NGOs whose programs and services support health and wellness within the Foothills region.
- Funds raised through Radiothon will be directed to public health facilities, services, and programs whose client base benefiting from Radiothon is located within the geographic region served by the Trust.
- The Trust does not provide funding for salaries, rent, general operating expenses, or transportation costs.
- All programs and facilities must demonstrate a direct connection to Alberta Health Services.

Please send the completed application to:

sheepriver.healthtrust@albertahealthservices.ca or Fax to 403-995-2663 attention Sheep River Health Trust

Note: Applicants whose submissions are selected for funding consideration will be required to deliver a brief 15-minute presentation. Presentations will be scheduled for Wednesday, March 11, starting at 1:00pm.

Application Deadline:
Wednesday, March 4, 2026 - Noon



2026 Community Project Funding Application

1. General Information

Organization / Agency Name	
Executive Director	Project contact person and title
Project Telephone Number	Project Fax number
E Mail	
Mailing Address (Site, Address, Town)	
Street Address (Site, Address, Town)	Postal code
Website	
Social Media Links (Facebook, Twitter etc)	

2. Type of Organization

Alberta Societies Act Registration Number	Government Agency
Charitable number	Other (please specify)

3.

Overview

Please provide a brief description of your organization (ie. Mission, clients, services, etc.)

Project name:

Location of Project

Total amount requested (and amount of the full project if asking for a portion)

Have we funded the following in the last 3 years?

Your organization: YES NO

This Project: YES NO

Overview of Project

Why it is important to the community.

Identify the social issue the program will address. What evidence supports that this need exists?

Is this a single event or a project that spans over a timeline? Identify the timelines involved.

Who is served? (age, income, #s)

#s of people served by community:

	Okotoks	Black Diamond	Turner Valley	Foothills County	Longview	High River	Other
Children							
Youth							
Adults							
Seniors							
Families							
Other:							

What happens if we do not fund the project?**Please describe the project's link to Alberta Health Services – how is AHS involved in your project?****Which Sheep River Health Trust Pillar of Support does your project align:****Please check all that apply:**

	Children and Youth
	Families
	Seniors
	Medical Equipment
	Community Care Projects

How does the project align to your selected Pillar of Support?**Please include a letter of community support.**

Letters of Community Support must be current (recent) and must include:

- the name of organization offering the support
- your name, position title, and signature, as well as the date
- where possible, your organization letterhead

Letters must clearly endorse the project and clearly demonstrate the following:

- your knowledge and support of the proposed project
- the need that will be addressed by the proposed project in your community
- the project's likely benefits to the community (in 1 or 2 sentences)

4)

Budget & Financials

Is your organization actively fundraising for this project? If Yes, describe the fundraising activities.

Please attach a budget for the Program Project.

Please attach your most recently Audited Financial Statements

Include other funding sources and identify them as *confirmed & unconfirmed*.

5. Organization Information

Fiscal Agent Name & Address – if other than the organization

Board of Directors

YES NO If yes, please attach list of Board of Directors

of Directors:

of Staff members (full and part-time)

I believe the information in this application to be accurate and complete and to be on behalf of the organization listed above, with its full knowledge and consent.

Print name & title

Signature

Date

Please send completed application to:

Sheepriver.healthtrust@albertahealthservices.ca

Questions - Please contact Andrea Mitchell at 403-995-5400