

## 2026 Safer Together Capacity Building Fund Application Form

### Organization Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                       |
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| <b>1. Year of Registration</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>Multi-line, 100 characters max, required</i>                                                                                                                                                                                                                                                                       |
| <b>2. Act Registered Under</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> The Alberta Societies Act<br><input type="checkbox"/> The Alberta Companies Act<br><input type="checkbox"/> The Canada Not-for-Profit Corporations Act<br><input type="checkbox"/> The Canada Business Corporations Act<br><input type="checkbox"/> Other<br><i>drop-down list, required</i> |
| <b>3. If you selected "Other," identify what act your organization is registered under</b>                                                                                                                                                                                                                                                                                                                                                      | <i>Multi-line, 100 characters max, optional</i>                                                                                                                                                                                                                                                                       |
| <b>4. What is the annual operating budget of your organization?</b>                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Under \$100,000<br><input type="checkbox"/> \$100,000 - \$250,000<br><input type="checkbox"/> \$250,001 - \$1 million<br><input type="checkbox"/> Over \$1 million<br><i>drop-down list, required</i>                                                                                        |
| <b>5. How many full-time equivalent staff does your organization employ?</b>                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> 0 staff (volunteer-led)<br><input type="checkbox"/> 1-4 staff<br><input type="checkbox"/> 5+ staff<br><i>drop-down list, required</i>                                                                                                                                                        |
| <b>6. If your application is successful, will you obtain adequate liability insurance (no less than \$2 million Commercial General Liability insurance, including The City as an additional insured)?</b><br><br><i>Description: The costs associated with obtaining insurance are an eligible expense and should be included in your budget. Successful organizations must meet this requirement in a timely manner to be awarded funding.</i> | <i>Boolean (Yes/No)</i><br><i>Required</i>                                                                                                                                                                                                                                                                            |

### 7. Describe your organization.

*This could be your mission, vision, purpose or some other guiding statement.*

*Multi-line, 3,000 characters max, required*

**8. Describe how your organization addresses the safety and wellbeing of the people you serve.**

*Multi-line, 3,000 characters max, required*

**9. Describe how your organization embeds equity, Truth and Reconciliation, and anti-racism in the work you do.**

*Multi-line, 3,000 characters max, required*

**Project Information**

**10. Project name:**

*Multi-line, 100 characters max, required*

**11. Project start date:**

*Multi-line, 100 characters max, required*

**12. Project end date** (project must be completed and all approved funds must be spent by December 31, 2027)

*Multi-line, 100 characters max, required*

**Alignment to Safer Together Collaborative Action**

*Safer Together is the City of Calgary's plan to create safer communities for everyone. [Download the plan here.](#)*

**13. Which Safer Together collaborative action does your project most align with?**

*Select only **one***

- ☐ Co-create and coordinate neighbourhood activities and community-rooted initiatives that promote connection.
- ☐ Enhance preventative approaches to domestic and gender-based violence.
- ☐ Strengthen the understanding of emotional wellbeing and what information and supports are available.

*drop-down list, **only one selection**, required*

**14. Describe how your project aligns with the selected collaborative action.**

*Multi-line, 3,000 characters max, required*

**15. What is the intended goal of this project?**

*Focus on the main change or outcome the project is intended to achieve. Describe support, and what will become stronger, different, or better because of the project. Do not repeat detailed delivery steps here.*

*Multi-line, 3,000 characters max, required*

**16. Where will the project be delivered?**

*Focus on the physical or virtual location of the project. Include postal code for physical location, or provide online platform used for project activities.*

*Multi-line, 1,000 characters max, required*

**17. How will the project be delivered?**

*Focus on implementation. Describe the main activities, key steps, methods, partnerships, roles, or processes your organization will use to carry out the project.*

*Multi-line, 3,000 characters max, required*

**18. How will you identify that the project goal is met?**

*Focus on evidence of success. Describe the information, indicators, feedback, or observations you will use to show that the project goal was achieved.*

*Multi-line, 3,000 characters max, required*

**Data Collection (optional)**

*The questions in this section are being asked to gather data in support of The City's commitment to continuous improvement, diversity, equity, inclusion, and anti-racism. All questions in this section are optional and therefore do not need to be completed to submit your application. Answers will not have an impact on the success of your application.*

**19. What other key issues do you see your organization or the non-profit sector facing that were not addressed in your proposed project?**

*Multi-line, 3,000 characters max, optional*

**20. What feedback can you offer us regarding this application process? Please share any barriers that you faced in applying.**

*Multi-line, 3,000 characters max, optional*

**21. Is your organization led by a majority (51% or more) of individual(s) from the following groups?**

**Indigenous, Black, or diverse Racialized Peoples community**

*Yes or No, Optional*

**Gender diverse community**

*Yes or No, Optional*

**LGBTIQ2S+ sexually diverse community**

*Yes or No, Optional*

**22. Does your organization have a majority (51% or more) of programming specifically for the following groups?**

**Indigenous, Black, or diverse Racialized Peoples community**

*Yes or No, Optional*

**Gender diverse community**

*Yes or No, Optional*

**LGBTIQ2S+ sexually diverse community**

*Yes or No, Optional*

**23. If you wish, you may provide any important information to elaborate on the response(s) selected above.**

*Text, 3,000 characters maximum, optional*