

HERITAGE COMMUNITY INVESTMENT PROGRAM CHANGE CAPITAL PROJECT GRANT



EXPRESSION OF INTEREST FORM

Name of Applicant Organization:		
Pri	nary Contact:	Title:
Mc	iling Address:	
Cit	y:	Postal Code:
Tel	ephone:	Email:
Pro	ject Title:	
Project Start Date (mm/yyyy):		Project End Date (mm/yyyy):
Tot	al Project Cost: \$	Total Grant Request: \$
1.	Select the Alberta Museums Association's Facet of Sustainability that this project addresses for your organization:	
	CultureHealth and Well-BeingSocial Res	ent 📮 Financial sponsibility
2.	2. Provide a brief description of the proposed project, including key goals and anticipated outputs.	
3. Identify potential contracted experts and/or formal partnerships that will support the work.		
4.	Provide an outline of the key benefits of this project to the organization and Edmonton's heritage sector, including rationale for why it is important that this work be undertaken at this time.	