



**MUNICIPAL DISTRICT
OF BIGHORN NO. 8**

2019 GRANT ACCOUNTING FORM

Due by Friday, August 16, 2019

Indicate grant program from which you received funding

COMMUNITY ENHANCEMENT PROJECT

COMMUNITY SERVICE

COUNCIL DISCRETIONARY FUND

Interim Accounting? or

Final Accounting

****Account for Grant Funds received this calendar Year****

Name of Project/Program

| | |
|-------------------------|------|
| Name of Organization: | |
| Funding Year: | 2019 |
| Accounting Prepared By: | |
| Phone Number: | |
| Email: | |

Briefly describe how this grant from the MD of Bighorn has benefitted the community and fulfilled the goals/intent as set out in the original grant application.

Number of MD residents participating or impacted by this project or program: (Indicate how you calculated this number)

What efforts have been undertaken to recognize the MD of Bighorn's support of this project:

FORM "A" - GRANT ACCOUNTING

PROJECT REVENUES:

| PROJECT REVENUES | | | | |
|-------------------------|------------------------------------|---------------|--------------------------------|---------------|
| No. | Item | Source | Budgeted/ Projected | Actual |
| 1 | Grants funding - Provide details | | \$ | \$ |
| 2 | Grants funding - Provide details | | \$ | \$ |
| 3 | Grants funding - Provide details | | \$ | \$ |
| 4 | Grants funding - Provide details | | \$ | \$ |
| 5 | Fundraising Revenue | | \$ | \$ |
| 6 | Fee for Services/ Participant Fees | | \$ | \$ |
| 7 | Donation | | \$ | \$ |
| 8 | GST Refund | | \$ | \$ |
| 9 | Other Revenue- Provide details | | \$ | \$ |
| 10 | Other Revenue- Provide details | | \$ | \$ |
| 11 | Other Revenue- Provide details | | \$ | \$ |
| 12 | Other Revenue- Provide details | | \$ | \$ |
| TOTAL REVENUES | | | \$ | \$ |

| PROJECT EXPENDITURES | | | |
|-----------------------------|--|----------------------------|---------------|
| No. | Item | Budgeted/ Projected | Actual |
| 13 | Contracted (professional or other) services | \$ | \$ |
| 14 | Freight / Courier | \$ | \$ |
| 15 | Telephone / Fax | \$ | \$ |
| 16 | Postage | \$ | \$ |
| 17 | Training Courses | \$ | \$ |
| 18 | Computer Services | \$ | \$ |
| 19 | Building Rental | \$ | \$ |
| 20 | Furniture / Equipment Rental | \$ | \$ |
| 21 | Insurance | \$ | \$ |
| 22 | Janitorial | \$ | \$ |
| 23 | General Goods & Supplies - Provide details | \$ | \$ |
| 24 | Office Supplies & Stationery | \$ | \$ |
| 25 | Food & Beverage Supplies | \$ | \$ |
| 26 | Recreation / Craft Supplies | \$ | \$ |
| 27 | Fundraising Expenses | \$ | \$ |
| 28 | Other Expenses- Specify | \$ | \$ |
| 29 | Other Expenses- Specify | \$ | \$ |
| 30 | Other Expenses- Specify | \$ | \$ |
| 31 | Other Expenses- Specify | \$ | \$ |
| 32 | Other Expenses- Specify | \$ | \$ |
| 33 | Other Expenses- Specify | \$ | \$ |
| TOTAL EXPENDITURES | | \$ | \$ |

VERIFICATION

The undersigned verifies that the information provided in this application is correct and complete. The current President or Treasurer of the organization must sign this application.

Signature of President/Treasurer

Name (please print)

Phone Number

Date

This information is collected for the purposes of determining eligibility of an applicant to receive a M.D. of Bighorn grant, and is collected pursuant to the Freedom of Information and Protection of Privacy Act.

If you or your organization has any questions regarding the M.D. Grant Policy, this application, or the application process, please contact the Community Services Coordinator at (403) 673-3611 or Calgary direct (403) 233-7678. Completed applications, with all required documents, can be submitted to the Coordinator at:

| Regular Mail / Courier | Fax | E-mail: |
|--|-----------------------|---|
| Grant application M.D. of Bighorn No. 8 Box 310 (2 Heart Mountain Drive) Exshaw, Alberta, T0L 2C0 | (403) 673-3895 | <u>deb.grady@mdbighorn.ca</u> |

2019 Grant Accounting Forms are due by *Friday August 16, 2019*

*** * * * ***