



**MUNICIPAL DISTRICT
OF BIGHORN NO. 8
GRANT APPLICATION FORM**

2019 Grants (For use January – December 2019)

Refer to MD Policy CS-8 before completing this Application

Grant being applied for (pick one):

COMMUNITY SERVICE GRANT - *Deadline August 24, 2018*

COUNCIL DISCRETIONARY FUND – *Year-round*

***LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED,
TYPE OR PRINT CLEARLY***

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.

DATE OF APPLICATION:	
NAME OF THE PROJECT OR PROGRAM BEING APPLIED FOR:	
ORGANIZATION CONTACT INFORMATION	
Name of Organization	
Mailing Address	
Phone Number	
Fax Number (if available)	
Website and E-mail	
Incorporation Number (Societies Act)	
PRIMARY CONTACT FOR THIS GRANT APPLICATION	
Name and Title	
Phone Number	
E-mail	
CHECKLIST: These documents must be submitted to the M.D. with this Application	
	Completed application form
	List of Board of Directors (include names, board positions and phone numbers)
	Organization's most recent financial statements (audited)
	Organization's Current year Budget
	List of other organizations supporting this project / other funding sources
	Project Budget (Form A)

PROJECT INFORMATION

Name of Project for which funding is being requested:

Initiation date:

Projected completion

**Category:
(check one)**

- Culture
- Facilities
- Family & Community Support Services
- Recreation - Parks
- Recreation - Sports
- Special Activities

Overview statement describing the project detailing:

What is the grant application for?

Capital Discuss application for a Community Enhancement Program Grant with your Ward Council member(s)

Operational (maximum 50% of project total)

Maintenance

Project Overview:

a) Describe the project

b) What is the community need?

c) Who is the target group?

d) What project or activities are planned?

Number of M.D. Residents who will benefit from this project:

a) Number of M.D. Residents who will benefit:

b) Total number of people who will benefit:

c) How did you calculate these numbers?

Volunteer Participation:

a) Number of Volunteers involved:

b) In what roles/ activities will they be involved?

Community: How will the Community learn about the project?

Evaluation: How will your organization measure the success of the completed project?

Recognition: How will your organization provide recognition for the MD's contribution?

Other Comments?

FINANCIAL INFORMATION

Grant amount requested:

Grant amount requested represents what percentage of your total project budget?

Will this project proceed without M.D. Grant Funds?

Identify the other fundraising initiatives that your organization will undertake to meet the funding requirements of this Project

Complete the attached Form A to provide a detailed budget of the project. Identify all sources of confirmed and anticipated revenues and expenditures (including other grants and generated revenues)

**FORM "A" - PROJECT BUDGET
GRANT APPLICATION
M.D. OF BIGHORN NO.8**

Revenues and Expenditures MUST Balance

PROJECT REVENUES			
No.	Item	Source	Funds
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	Cost
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

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:
<p>Grant application M.D. of Bighorn No. 8 Box 310 (2 Heart Mountain Drive) Exshaw, Alberta, T0L 2C0</p>	<p>(403) 673-3895</p>	<p>deb.grady@mdbighorn.ca</p>

*The deadline for **2019** Community Service Grant Application is **Friday August 24, 2018***

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