



MUNICIPAL DISTRICT OF BIGHORN NO. 8 GRANT APPLICATION FORM

2020 Grants (For use January – December 2020)

****Refer to MD Policies CS-8 and F-10 before completing this Application****

**LATE OR INCOMPLETE APPLICATIONS
WILL NOT BE CONSIDERED.**

Grant being applied for (pick one):

COMMUNITY SERVICE GRANT - **Deadline August 23, 2019**

COUNCIL - DISCRETIONARY FUND – **Year-round**

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.

1. APPLICATION SUMMARY INFORMATION

1A. Date of Application	
1B. Name of Project for which funding is being requested (5A)	
1C. Number of MD Residents who will benefit (7 a)	
1D. Grant amount requested (13A)	\$

2. ORGANIZATION CONTACT INFORMATION

2A. Name of Organization	
2B. Mailing Address	
2C. Phone Number	
2D. Fax Number (if available)	
2E. Website and/or E-mail	
2F. Incorporation Number (Societies Act)	

3. PRIMARY CONTACT FOR THIS GRANT APPLICATION

3A. Name and Title	
3B. Phone Number	
3C. E-mail (<i>correspondence will be via email whenever possible</i>)	

4. CHECKLIST: These documents must be submitted to the MD with this Application:

4A. Completed application form
4B. List of Board of Directors (include names, board positions and phone numbers)
4C. Organization’s most recent financial statements (audited)
4D. Organization’s Current Year Budget
4E. List of other organizations supporting this project / other funding sources
Project Budget (Form A)

5. PROJECT INFORMATION

5A. Name of Project:	
5B. Projected initiation date:	
5C. Projected completion date:	
5D. Category: (pick <i>one</i>)	
<input type="checkbox"/> Culture <input type="checkbox"/> Facilities <input type="checkbox"/> Family & Community Support Services <input type="checkbox"/> Recreation – Parks <input type="checkbox"/> Recreation – Sports <input type="checkbox"/> Special Activities	

6. OVERVIEW STATEMENT - describing the project and *detailing*:

6A. What is this grant application for? (pick *one*)

Operational (*maximum 50% of project total*) Maintenance - both are in Policy CS-8
 If Capital – *apply for a COUNCIL - COMMUNITY ENHANCEMENT FUND GRANT - in Policy F-10*

6B. 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?

Attach additional pages if needed, use section numbering to make your answers match the application.

7. Number of MD of Bighorn residents who will benefit from this project:

- a) Number of MD Residents who will benefit:
- b) Total number of people who will benefit:
- c) How did you calculate these numbers?

8. Volunteer Participation:

- a) Number of volunteers involved:
- b) In what roles/activities will they be involved?

9. Community: How will the Community learn about the project?

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

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

12. Other Comments?

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13.

13A. Grant amount requested:	
13B. Grant amount requested represents what % of your total project budget?	
13C. Will this project proceed without MD Grant Funds?	

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

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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

PROJECT REVENUES

#	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	Donations		\$
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			\$

Revenues and Expenditures MUST Balance

PROJECT EXPENDITURES

#	Item	Costs
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	\$
34	Other Expenses – Specify	\$
TOTAL EXPENDITURES		\$

Revenues and Expenditures MUST Balance

15. 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 Policies, 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 Applications M.D. of Bighorn Box 310 (2 Heart Mountain Drive) Exshaw, Alberta, T0L 2C0	(403) 673-3895	deb.grady@mdbighorn.ca

Application deadline for 2020 COMMUNITY SERVICE GRANTS – Friday, August 23, 2019

**Applications accepted all year for:
COUNCIL’S COMMUNITY ENHANCEMENT and DISCRETIONARY FUND Grants
Council Fund applications are reviewed for completeness then forwarded
to the appropriate Council Members for review, discussion and decision.**

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