



# MUNICIPAL DISTRICT OF BIGHORN NO. 8 COMMUNITY ENHANCEMENT FUND GRANT APPLICATION FORM

*\*Refer to MD Policy F-16 before completing this Application\**

**Capital Grants** (For use January – December)

**Receipts for approved and completed projects must be provided to receive reimbursement of costs.**

**TYPE OR PRINT CLEARLY**

<p>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.</p>	
<b>1. APPLICATION SUMMARY INFORMATION</b>	
1A. Date of Application	
1B. Name of Project for which funding is being requested	
1C. Grant amount requested (12A)	\$
<b>2. CONTACT INFORMATION</b>	
2A. Name of Organization/Group  <b><i>and</i></b> Primary Contact's Name	
2B. Mailing Address	
2C. Phone Number	
2D. E-mail (correspondence will be via email whenever possible)	
2E. Fax Number <i>if applicable</i>	
2F. Website <i>if applicable</i>	
2G. Incorporation Number (Societies Act) <i>if applicable</i>	
<b>3. CHECKLIST: These documents must be submitted with this Application:</b>	
	3A. Completed application form
	3B. List of Board of Directors or Group Members (include names, board positions and phone numbers) <i>if applicable</i>
	3C. Organization's most recent financial statements (internally audited) <i>if applicable</i>
	3D. Organization's Current Year Budget <i>if applicable</i>
<p><i>Additional pages may be attached if you need more room. Please ensure the applicable section and item numbers and your project name (1B.) are included on any additional pages.</i></p>	

<b>4. PROJECT INFORMATION</b>	
<b>4A. Project Start date:</b>	
<b>4B. Project Completion date:</b>	
<b>5. OVERVIEW STATEMENT - Describe the project and <i>detail these items</i>:</b>	
<p><b>What is this Capital grant application for?</b></p> <p>a) Describe your planned capital project.                      b) Where is it located?  c) What is the community need?                                      d) Who is the target group?  e) Explain how you will maintain this capital asset in the long term.</p>	
<b>6. Number of MD of Bighorn residents who will benefit from this project:</b>	
<p>a) Number of MD Residents who will benefit:</p> <p>b) How did you calculate these numbers?</p>	
<b>7. Volunteer Participation:</b>	
<p>a) Number of volunteers involved:</p> <p>b) In what roles/activities will they be involved?</p>	
<b>8. Community: How will the Community learn about the project?</b>	
<b>9. Evaluation: How will your organization measure the success of the completed project?</b>	
<b>10. Recognition: How will your organization provide recognition for the MD's contribution?</b>	

<b>11. Other Comments?</b>	
<b>12. FINANCIAL INFORMATION</b>	
12A. Capital Grant amount requested:	
12B. Grant amount requested represents what % of your total capital project budget?	
12C. Will this project proceed without MD Grant Funds?	
<b>13. Identify the other fundraising initiatives that your organization will undertake to meet the funding requirements of this Project <i>if applicable</i></b>	
<b>14. PROJECT BUDGET - GRANT APPLICATION M.D. OF BIGHORN NO. 8</b>	

***Revenues and Expenditures MUST be equal***

**PROJECT REVENUES**

#	Item	Source	Funds
1	Grant funding – <i>from who?</i>		\$
2	Grant funding – <i>from who?</i>		\$
3	Fundraising		\$
4	Fee for Services/Participant fees		\$
5	In Kind – Material donations @ cost		\$
6	In Kind – Labour donations @ \$15/hr		\$
7	In Kind – Equipment donations @ \$70/hr		\$
8	Other Revenue – <i>Provide details</i>		\$
9	Other Revenue – <i>Provide details</i>		\$
<b>TOTAL REVENUES</b>			\$

**PROJECT EXPENDITURES**

#	Item	Costs
10	Contracted (professional or other) services	\$
11	Freight/Courier	\$
12	Purchase of Capital item(s)	\$
13	Fundraising Expenses	\$
14	Other Expenses – <i>Specify</i>	\$
15	Other Expenses – <i>Specify</i>	\$
<b>TOTAL EXPENDITURES</b>		\$

**15. VERIFICATION**

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

\_\_\_\_\_  
**Signature of President/Treasurer/Group Leader**  
(circle or print your role)

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Date**

\* \* \* \* \*

If you or your organization has any questions regarding 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:

Regular Mail/Courier:	Fax:	E-mail:
<b>Community Enhancement Program Applications</b> M.D. of Bighorn Box 310, 2 Heart Mountain Drive Exshaw, Alberta, T0L 2C0	(403) 673-3895	<a href="mailto:bighorn@mdbighorn.ca">bighorn@mdbighorn.ca</a>

**Applications accepted all year for:  
COMMUNITY ENHANCEMENT FUND**

**Applications are forwarded to the appropriate Council Member(s) for review, discussion and decision.**

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