



M.D. OF BIGHORN NO. 8

Community Insurance Grant Program

Application Form and Guidelines 2020

The intention of this program is to provide community organizations with annual funding to offset the cost of general liability, and directors and officer's insurance under specific parameters and conditions as set out in MD of Bighorn Policy CS-7: Community Organization Insurance Program.

If your organization meets the guidelines as set out in policy CS-7, complete this form and return to the MD of Bighorn Office c/o Deb Grady by **September 30, 2019**.

1. GENERAL INFORMATION	
Organization's Name:	
E-Mail Address:	
Mailing Address:	
Street Address (if different):	
Contact Name:	
Phone Number:	

2. ORGANIZATION DETAILS	
Alberta Societies Act Registration Number:	Year of Incorporation:
Date of Last Annual Return to Alberta Registry:	

3. INSURANCE DETAILS		
Name of Insurance Broker:		
Effective Date of Policy:		
Current Insurance Coverage:		
General Liability:	Limit: \$	Premium: \$
Directors and Officers:	Limit: \$	Premium: \$

4. DOCUMENTATION REQUIREMENTS:	ATTACHED
List of current Board of Directors by name and Board position (Board information is requested to ensure sufficient governance and make members accessible to Bighorn administration, if required.)	<input type="checkbox"/>
Rental Policy and Rates Schedule, Membership Dues Policy (if applicable)	<input type="checkbox"/>
Copies of Insurance Policy showing Premiums:	<input type="checkbox"/>
Copy of last Annual Return to Alberta Registry	<input type="checkbox"/>
Most recent Financial Statements	<input type="checkbox"/>
Annual Operating Budget	<input type="checkbox"/>

Please see over for declaration...

5. Declaration

I am a duly authorized representative having legal and/or financial signing authority for

(Name of organization)

The information contained in this application and supporting documents is true and accurate and endorsed by this organization. Any grant awarded shall be used solely for the purpose stated within this application and per program parameters. As a condition of accepting this grant, permission to review financial statements and records having any connection with money received is hereby granted to officers of the M.D. of Bighorn No. 8.

Signature: _____ Print Name: _____

Title: _____

Address: _____ Postal Code: _____

Phone Number: (w) _____ (h) _____

(c) _____

Email: _____

(all communication will be via email where possible)

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

Submit Completed Application Package to:

Deb Grady, Community Services Coordinator
MD Bighorn No. 8
PO Box 310
Exshaw, Alberta, T0L 2C0
deb.grady@mdbighorn.ca
fax: 403-673-3895