



Municipal District of Bighorn No. 8 Community Enhancement Program Grant Application

- Refer to MD Policy F-16 before completing this Application
- For use with capital projects, January – December
- Applications are forwarded to the appropriate Council Member(s) for review, discussion and decision
- Receipts for approved and completed projects must be provided to receive reimbursement of costs

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	
1C. Summary of application items	
1D. Grant amount requested (12A)	\$

2. CONTACT INFORMATION

2A. Name of Organization/Group	
2B. Primary Contact Name	
2C. Mailing Address	
2D. Phone Number	
2E. E-mail (correspondence will be via email whenever possible)	
2F. Website / E-mail <i>if applicable</i>	
2G. Incorporation Number (Societies Act) <i>if applicable</i>	

3. CHECKLIST: These documents must be submitted with this Application:

	3A. Completed application form
	3B. List of Board of Directors or Group Members (names, board positions) <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>

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.

4. PROJECT INFORMATION

4A. Project Start date:

4B. Project Completion date:

5. OVERVIEW STATEMENT - Describe the project and detail these items:

What is this Capital grant application for?

- 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.

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

a) Number of MD Residents who will benefit:

b) How did you calculate these numbers?

7. Volunteer Participation:

a) Number of volunteers involved:

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

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

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

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

11. Other Comments?	
12. FINANCIAL INFORMATION	
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?	
13. Identify the other fundraising initiatives that your organization will undertake to meet the funding requirements of this Project <i>if applicable</i>	
14. PROJECT BUDGET - GRANT APPLICATION M.D. OF BIGHORN NO. 8	

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>		\$
TOTAL REVENUES			\$

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>	\$
TOTAL EXPENDITURES		\$

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

SEND COMPLETED APPLICATIONS BY EMAIL TO: bighorn@mdbighorn.ca

Contact

For support with completing Grant Applications, MD of Bighorn Community Services Coordinator.

Email: doug.saul@mdbighorn.ca

Phone: 403-673-3611, ext. 223

Mail: Community Enhancement Program Applications, MD of Bighorn No. 8, Box 310, 2 Heart Mountain Drive, Exshaw, AB, T0L 2C0

Grant Report Accounting

Reporting (interim and/or final) is submitted for ALL grants by the second Friday of August in the year for which the grant funds were used.

- If your organization's grant project is complete by the second Friday of the Grant year, then this report will be a Final Report
- If your organization's grant project is NOT complete by the second Friday of the Grant year, then this report will be an Interim Report; in this case, a Final Report is due no later than the second Friday in January of the FOLLOWING year