



MUNICIPAL DISTRICT OF BIGHORN NO. 8

GRANT ACCOUNTING FORM

Grant Report Accounting Due Dates:

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

Indicate if this is an Interim or Final Grant Accounting Report

Interim Accounting Report

Final Accounting Report

Indicate grant program from which you recieved funding

COMMUNITY SERVICE GRANT

COUNCIL DISCRETIONARY FUND

Name of Project/Program

Today's Date:

Name of Organization:	
Funding Year:	
Accounting Prepared By:	
Phone Number:	
Email:	

Briefly describe how this grant from the MD of Bighorn has benefitted the community and fulfilled the goals/intent as set out in the original grant application.

Number of MD residents participating or impacted by this project or program: (Indicate how you calculated this number)

What efforts have been undertaken to recognize the MD of Bighorn’s support of this project:

FORM "A" - GRANT ACCOUNTING

PROJECT REVENUES:

PROJECT REVENUES				
No.	Item	Source	Budgeted/ Projected	Actual
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	Budgeted/ Projected	Actual
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

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.

Contact:

Contact for questions/support and for emailing complete Grant Accounting Reports,

MD of Bighorn Community Services Coordinator: doug.saul@mdbighorn.ca

If by mail, address: Grant Application, MD of Bighorn No. 8, Box 310, (2 Heart Mountain Drive), Exshaw, AB, T0L 2C0

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