



Community Organization Grant Application

ORGANIZATION INFORMATION

Please type or print legibly. Applicants must be a district organization serving Brazeau County residents.

Date: _____

Organization's Name: _____

Alberta Registry Number: _____ Date of Incorporation: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____
(All correspondence and cheques will be mailed to this address)

Contact Person: _____

Telephone: (W) _____ (H) _____ (C) _____

Email: _____

DECLARATION

In making this application, we, the undersigned Officers of the applicant, hereby represent to Brazeau County and declare that, to the best of our knowledge and belief:

- The information provided is truthful and accurate;
- The application is made on behalf of the organization formerly named with the Officer's full knowledge and consent; and
- Failure to adhere to the guidelines set out in this application or to accurately disclose information will result in the disqualification of the organization's funding.

Signature of Board Member

Print Name

Date

Signature of Board Member

Print Name

Date

ANNUAL APPLICATION DEADLINE: NOVEMBER 30
QUARTERLY APPLICATION DEADLINE: JANUARY 1, APRIL 1 JULY 1, OCTOBER 1

SUPPORTING DOCUMENTS REQUIRED

The following documents MUST be attached to this grant application:

- Proof of Non-Profit Society Status for current year
- Proof of Insurance
- Organization’s most recent Annual Financial Statements – audited
- Organization’s Proposed Operating Budget – include funding contributions from other sources and detailed expenditures (if applicable)
- List of organization’s officers and directors (if applicable)

NOTE: Other documents may be requested by Brazeau County for further clarification

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY STATEMENT

The personal information on the FIN-7 Community Organization Grant Application is being collected under authority of Section 33© of the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be used to administer Grant Funding. Brazeau County will use the aggregate data for program planning and evaluation. All personal information will be protected in accordance with the privacy provision of the FOIP Act. If you have any questions about the Grant or questions about the collection, use or disclosure of your personal information, please contact FOIP Coordinator at Brazeau County at 780-542-7777.

Applications can be mailed to or dropped off at the below address:

Grants Brazeau County Box 77 – 7401 Twp Rd 494 Drayton Valley, Alberta T7A 1R1	Signed and scanned applications can be emailed to: communityservices@brazeau.ab.ca
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GRANT INFORMATION (Please check applicable)

What type of grant are you applying for? Annual Quarterly

Do you want to receive funding via an electronic fund transfer? (separate form) Yes No

What category of grant are you applying for?

<input type="checkbox"/> Breton & District Historical Society \$22,000	<input type="checkbox"/> Recreation
<input type="checkbox"/> Drayton Valley & District Historical Society \$27,500	<input type="checkbox"/> Community Hall (Capital Request)
<input type="checkbox"/> Seniors, Disabled, Public Transit maximum \$2,000 Cultural maximum \$500	<input type="checkbox"/> Cemetery (Capital Request)

DESCRIPTION OF INITIATIVE

Please provide a detailed description of the initiative/project for which grant funding is requested:

Please provide an explanation of how the project will have long-term benefits to the community and why it should be funded (i.e. economic prosperity, cultivating strong relationships, fostering civic pride, strengthening the community, etc.):

Please identify how community partnerships will contribute to fulfilling this initiative:

How will the County grant contribution be acknowledged?

BUDGET

ESTIMATED EXPENDITURES

TOTAL ANNUAL EXPENSES

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL EXPENDITURES

ESTIMATED REVENUE *(list all sources separately)*

GRANTS: *(include grants applied for)*

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL GRANT REVENUE

DONATIONS OR FUNDRAISING:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL DONATION AND FUNDRAISING REVENUE

TOTAL AMOUNT REQUESTED *(must match application)*
- *capital requests cannot exceed 50% of the project costs*

\$ _____