



Operating Grant Application Cemeteries

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: _____ 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

APPLICATION DEADLINE: NOVEMBER 30

REQUIRED DOCUMENTS

ANNUAL AND INITIAL QUARTERLY APPLICATIONS:

- Completed signed application form
- Proof of Non-Profit Society Status for current year*
- Proof of Insurance
- Organization's most recent Annual Financial Statements **OR** receipts of core operating costs for the entire fiscal year
- Requested funding details
- Copy of the cemetery plot layouts
- Organization's Proposed Operating Budget – include funding contributions from other sources and detailed expenditures
- List of organization's officers and directors (if applicable)
- Completed Electronic Fund Transfer Form (if interested)

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

**If you are a registered cemetery company proof of non-profit society status is not required as it does not expire*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY STATEMENT

The personal information being collected on this Community Organization Grant Funding form will be used for the purpose of the Community Organization Grant Program and evaluation. This collection is authorized by Section 4(c) of the Protection of Privacy Act (POPA).

If you have any questions about the collection of this information, please contact Brazeau County's Access & Privacy Information Officer at 780-542-7777 or by email at kvallee@brazeau.ab.ca.

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

OPERATING GRANT INFORMATION

Cemetery Operating Funding Policy:

The Council of Brazeau County will provide grant funding to those community cemeteries that are maintained by volunteer efforts. The cemeteries noted are: Easyford; Moon Valley; Berrymoor; Carnwood; St. Theresa; Breton; Buck Creek.

Cemetery Funding Policy:

Assistance is available for Cemetery core operating costs. Operating costs will be refunded 100% based on the previous year's submitted receipts.

Allowable core operating costs will be limited to: insurance, parking lot maintenance, landscaping (max \$1,000.00), grass cutting (max \$3,000.00), and office supplies (max \$100.00).

Maximum annual funding available for Cemetery core operating costs is determined by Council during the budget process.

REQUESTED FUNDING

Your operating expenses MUST match the expenses listed on the financials you submit with your application.

<u>EXPENSE CATEGORY</u>	<u>REQUESTED FUNDING</u>
GRASS CUTTING	\$ _____
INSURANCE	\$ _____
LANDSCAPING	\$ _____
OFFICE SUPPLIES	\$ _____
PARKING LOT MAINTENANCE	\$ _____
TOTAL REQUESTED FUNDING	\$ _____

ELECTRONIC FUNDS TRANSFER (EFT)

As a way to streamline applications, community organizations have the option to request funds be received via an EFT.

Please send funding as an EFT ☐ Yes ☐ No

If yes, a separate form will be sent to you for completion. This only needs to be completed once; unless changes to your banking have occurred.

PROPOSED OPERATING BUDGET

☐ If budget is provided separately, please check this box.

EXPENSES

AMOUNT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL OPERATING EXPENSES	\$ _____

ESTIMATED REVENUE *(list all sources separately)*

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REVENUE	\$ _____
NET INCOME	\$ _____