



## PROJECT FUNDING CLAIM FORM: CAPITAL PROJECT

### APPLICANT INFORMATION

PROJECT TITLE:					
ORGANIZATION NAME:					
MAILING ADDRESS:					
TOWN:		PROV.:		POSTAL CODE:	
PRIMARY CONTACT NAME(S):					
PHONE:					
EMAIL/ FAX:					

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

### TYPE OF CLAIM

**CHECK ONE:**

Costs for Completed *Phase* of Project

Costs for Completed Project

### TERMS & CONDITIONS

1. This form is to be used to claim funds for a project that has been approved for Big Lakes County Capital Project funding only.
2. The County will pay a *maximum* of 50% of the actual project cost, up to the amount approved in the original application. Please attach all paid invoices or receipts for payment to support the claim.
3. The County will not pay for GST. Please deduct all GST from the listed expenditures.
4. Volunteer labour only includes labour on *this* project; general meetings, board meetings or other organizational functions not directly related to the project cannot be included in the claim.
5. Labour and equipment donated by a company may be charged at the regular company rate. Please supply an invoice from the company that indicates those rates *and* that it was a donation. Other labour and equipment donated by volunteers will be charged at the rates listed below.

**PROJECT BUDGET**

**A. Actual Expenditures** (attach paid invoices & receipts)

**1. Planning** (consultants, drawings, studies, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____

**2. Goods & Services** (materials/equipment/labour)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**3. Volunteer Goods & Services** (include summary of volunteer labour hours)

Volunteer Labour @ \$15/hour (unskilled)	_____
Volunteer Labour @ \$30/hour (skilled)	_____
Volunteer Labour & Equip @ \$60/hour	_____

**4. Donated Goods & Services**

\$ _____
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**TOTAL EXPENDITURES**

\$ _____
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**B. Actual Revenue**

**1. County Grant Funding Requested**

(enter grant amount approved up to a maximum of 50% of expenditures  
- not exceeding the approved application amount and not including GST)

\$ _____
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**2. Other Grants**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**3. Cash Donations**

_____	\$ _____
_____	\$ _____
_____	\$ _____

**4. Volunteer Goods & Services**

*(total value of Volunteer Goods & Services from above)*

\$ \_\_\_\_\_

**Subtotal** *(add Revenue sources above)*

\$ \_\_\_\_\_

**(+) Organization Contribution**

\$ \_\_\_\_\_

**TOTAL REVENUE**

*(Must equal the Total Expenditures for a balanced budget)*

\$ \_\_\_\_\_

*Add additional pages to document as required*

Claim forms can be submitted in person, by mail, fax or email to:

Attn: Grants Officer  
 Big Lakes County  
 Box 239, High Prairie, AB T0G 1E0  
 Phone: (780) 523-5955  
 Fax: (780) 523-4227  
 Email: [grants@biglakescounty.ca](mailto:grants@biglakescounty.ca)

**FOR ADMINISTRATION USE ONLY:**

DATE RECEIVED: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

FUNDING APPROVED:  YES  NO AMOUNT APPROVED FOR: \$ \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ COUNCIL MOTION: # \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_