



CAPITAL PROJECT GRANT APPLICATION FORM

DEADLINE: October 31st

APPLICANT INFORMATION

ORGANIZATION NAME:				
MAILING ADDRESS:				
TOWN:		PROV.:		POSTAL CODE:
PRIMARY CONTACT NAME(S):				
PHONE:				
EMAIL/FAX:				
NAME & LOCATION OF FACILITY (if applicable):				
<i>Does your organization have a vision/mission statement? Please attach or write below.</i>				

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

DATE: _____

DOCUMENTATION

Please attach copies of the following documents and information to your application

- MOST RECENT FINANCIAL STATEMENT DATED: _____
(incl. 2 executive officer signatures)
 - MINUTES OF MOST RECENT ANNUAL GENERAL MEETING DATED: _____
 - CURRENT YEAR ASSOCIATION BUDGET DATED: _____
 - LIST OF EXECUTIVE OFFICERS
 - ANNUAL RETURN FOR SOCIETY – Proof of Filing DATED: _____
- Corporate Access No.: _____
- WRITTEN QUOTES OR ESTIMATES FOR EACH PART OF THE PROJECT
 - ANTICIPATED VOLUNTEER CONTRIBUTION *(if applicable)*

PROJECT OUTLINE

PROJECT TITLE: _____

TOTAL OF COUNTY FUNDING REQUESTED: \$ _____

PROJECT SCHEDULE: Start Date: _____ End Date: _____

PROJECT DESCRIPTION: *(attach additional pages as needed)*

PROJECT BUDGET

A. EXPENDITURES *(attach estimates or quotes)*

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

_____	\$ _____
_____	\$ _____

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

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

3. Volunteer Labour

Volunteer Labour @ \$15/hour (unskilled) _____

Volunteer Labour @ \$30/hour (skilled) _____

Volunteer Labour & Equipment @ \$60/hour _____

4. Donated Goods & Services

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENDITURES	\$ _____

B. REVENUE SOURCES

1. County Grant Funding Requested <i>(Up to a maximum of 50% of total expenditures)</i>	\$ _____
2. Other Grants <i>(Indicate whether grants are planned, applied for, or received)</i>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
3. Cash Donations	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
4. Volunteer Goods & Services <i>(Total value of volunteer goods & services from above)</i>	\$ _____
5. Applicant's Contribution	\$ _____
TOTAL REVENUE	\$ _____

C. BALANCED BUDGET = \$0.00

A. TOTAL EXPENDITURES	\$ _____
(-)	
B. TOTAL REVENUE	\$ _____

TERMS & CONDITIONS

1. The Capital Project Grant application deadline is **October 31** of the year prior to the anticipated project start. In order to be presented to Council for consideration during annual budgetary deliberations, applications must be submitted in full *prior* to the deadline. Council may consider late applications if funding is available.
2. All applications are reviewed on an individual basis by County Council and decisions regarding approval are made by County Council.
3. Grant funding will be based on estimated project costs and volunteer contributions; please provide written estimates/quotes for all costs included in the project budget. Quotes and/ or estimates for equipment, materials, labour, etc. must be from local suppliers and contractors as is possible; when local estimates cannot be provided, this must be indicated in the application with sufficient excuse. (Policy No. Admin-40, 2.5)
4. Project costs can include donated labour and services, goods or cash.
5. Grants are approved as matching grants of *up to* 50% of the estimated project cost, but funding is paid as reimbursement for completed projects.
6. Funding payments will be no more than 50% of *actual* project costs; grant recipients will be required to provide proof of paid invoices and receipts for actual project costs after the project is completed.
7. The County will not pay for GST; please omit GST from your application and funding claim form.
8. Applications can be submitted in person, by mail, fax or email to:

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

Big Lakes County proudly offers grants to community non-profit groups to assist in funding valued projects throughout the County. Contact us today. We are eager to serve you!

FOR ADMINISTRATION USE ONLY:

DATE RECEIVED: _____

DATE REVIEWED: _____

FUNDING APPROVED: YES NO

AMOUNT APPROVED FOR: \$ _____

DEPARTMENT: _____

COUNCIL MOTION: # _____

COMMENTS: _____
