



2 0 1 4

GRANT

APPLICATION

PACKAGE

2013 GRANT APPLICATION

1. APPLICATION MADE TO MUNICIPAL DISTRICT DEPARTMENT

Public Works Transportation Corporate Services
 Community Services Recreation Services Finance Services
 Legislative Services

2. GRANT APPLIED FOR:

| | |
|--|--|
| <input type="checkbox"/> Operating | <input type="checkbox"/> Water & Sewer Main Municipal Tie In |
| <input type="checkbox"/> Water & Sewer Tank Installation | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Senior Citizen Program (Heat) | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> FCSS | <input type="checkbox"/> Community Special Events |
| <input type="checkbox"/> Funeral Program | <input type="checkbox"/> Economic Development |

3. APPLICANT INFORMATION:

Name of Applicant: _____

Permanent Address: _____

Please complete if applicable:
Incorporation/Society Number: _____ Date of Incorporation _____

List of Executive – If applicable, please attach a list of your current executive and/or board of directors and staff complete with names, positions, titles, addresses & telephone numbers (home/work) on the prescribed Form #2.

Length of time in Operation: _____

Please complete if applicable:
Legal Land Description _____

4. ORGANIZATION/PERSONAL CONTACT INFORMATION

Contact for this application: _____ Title: _____

Telephone (Work) _____ (Home) _____ (Cell) _____

Fax Number _____ Email Address: _____

5. PROJECT INFORMATION/GRANT REQUEST

Nature of the Project/Grant Request: _____

Please provide description and details:

1. Detailed description of Goals & Objectives to be carried out:

2. The need for this project & who will use or benefit from it:

3. Why do you believe the project should be funded?

Note: If additional space is required for Questions 1 – 3 please provide on a separate paper.

4. Grant amount requested: _____ 5. Total project cost: _____

6. Project start date (if applicable): _____

7. Project completion date (if applicable): _____

6. PAST GRANTS

In the past year, have you or your organization received a grant from the M.D. of Opportunity?

Yes: _____ No: _____ If yes: Date/Year: _____ Amount: _____

Type of Grant Received: _____

Note: If grant funds are not expended within one year of when grant funds were approved, the funds shall be returned to the M.D unless an extension has been granted.

7. PRE-APPLICATION REQUIREMENTS:

Application grant deadlines and requirements may differ depending on the type of Grant applied for. Please contact the administration office for clarification and confirmation.

1. Application Form & Required Forms listed below;
2. Financial Statements under a Review Engagement (From previous year – **MUST BE ATTACHED TO APPLICATION FORM IF APPLICABLE**);
3. Proposed Budget (Prescribed Form # 1 provided – **MUST BE COMPLETED & ATTACHED TO APPLICATION FORM**);
4. List of Organization Executive (Prescribed Form 2 provided – **MUST BE COMPLETED & ATTACHED TO APPLICATION FORM IF APPLICABLE**);
5. Post Activity Reports (Prescribed Form # 3 provided – **TO BE COMPLETED WHEN PROJECT IS COMPLETE**);
6. Financial Reporting (Quarterly – Prescribed Form # 4 provided – **TO BE COMPLETED IF APPLICABLE**);

8. POST-APPLICATION REQUIREMENTS:

Please provide the following reports after completion of the project.

1. \$0 - \$2,500 - An activity report is required;
2. \$2,500 - \$50,000 - Financial statements and activity report are required which are certified by 2 board members; administration reserves the right to request additional information including but not limited to issued cheques;
3. \$50,000 & over - Financial statements are required which are prepared by a professional accountant under a review engagement within 90 days of the completion of the grant or the applicant's year end. The activity report must accompany the financial statements and be signed by 2 board members.
4. When applying for a grant and the applicant's year end is 6 months previous to application date, year to date information may be requested.
5. If audited financial statements are requested, the cost shall be borne by the MD.

Applicant Signature

Date

Print Name

For Office Administration Use Only:**Department Manager Approval (Signature):** _____**Budget Code:** _____**Amount:** _____**Date:** _____**Cheque #:** _____

PROPOSED BUDGET – Form # 1

Bank Balance as at (Month & Year) _____ \$ _____

Proposed Revenues:

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Total Revenue: \$ _____

Proposed Expenditures:

Expenses: _____ \$ _____

Expenses: _____ \$ _____

Expenses: _____ \$ _____

Expenses: _____ \$ _____

Expenses: _____ \$ _____

Expenses: _____ \$ _____

Expenses: _____ \$ _____

Total Expenditures: \$ _____

Balance (Revenues – Expenditures) \$ _____

LIST OF ORGANIZATION'S EXECUTIVE – Form # 2

Name of Organization: _____

President/Chair: _____

Address: _____

Term (Month/Year): _____

Vice President/Chair: _____

Address: _____

Term (Month/Year): _____

Secretary/Treasurer: _____

Address: _____

Term (Month/Year): _____

Board of Director: _____

Address: _____

Term (Month/Year): _____

Board of Director: _____

Address: _____

Term (Month/Year): _____

Board of Director: _____

Address: _____

Term (Month/Year): _____

Board of Director: _____

Address: _____

Term (Month/Year): _____

Board of Director: _____

Address: _____

Term (Month/Year): _____

POST PROJECT ACTIVITY REPORT - Form # 3
(TO BE COMPLETED WHEN PROJECT IS COMPLETED)

Project: _____

1. Please list a detailed description of the Goals & Objectives that were carried out:

2. Please indicate who used and benefitted from your project:

3. Additional comments and information:

OPERATING GRANT REPORTING FORM - Form # 4

_____ (Name of the Organization)
 Operating Grant Reporting
 For the three month period ended _____

| | Quarterly Actual | Annual Budget | Variance |
|--|---------------------|------------------|----------|
| Bank Balance, at the beginning of the _____ | | | |
| Add: Deposits | | | |
| MD of Opportunity Grant | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Total Deposits | | | |
| Subtotal (add beginning balance and deposits) | | | |
| Deduct: Cheques and Withdrawals | | | |
| _____ | | | |
| Salaries | | | |
| Benefits | | | |
| Board Honorarium | | | |
| Board Travel | | | |
| Staff Travel | | | |
| Utilities | | | |
| Office Expenses | | | |
| _____ | | | |
| _____ | | | |
| Total Cheques and Withdrawals | | | |
| Bank Balance, end of the _____ | | | |

(Subtotal above deduct cheques and withdrawals)
Please attach the bank statement for the end of the quarter.