



**2 0 1 1**

**GRANT**

**APPLICATION**

**PACKAGE**

# 2011 GRANT APPLICATION

## 1. APPLICATION MADE TO MUNICIPAL DISTRICT DEPARTMENT

Public Works & Transportation       Corporate Services  
 Community Service       Recreation  
 Emergency/Enforcement Services

## 2. GRANT APPLIED FOR:

Operating       Water & Sewer Main Municipal Tie In  
 Water & Sewer Tank Installation       Recreation  
 Senior Citizen Program       Fire Department  
 FCSS       Community Special Events  
 Funeral Program       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) 780-\_\_\_\_\_ (Home) 780-\_\_\_\_\_ (Cell) 780-\_\_\_\_\_

Fax Number 780-\_\_\_\_\_ 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:** \$ \_\_\_\_\_

**\*Revenues – Expenditures = Balance** \$ \_\_\_\_\_

**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			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
<b>Total Deposits</b>			
<b>Subtotal (add beginning balance and deposits)</b>			
Deduct: Cheques and Withdrawals			
_____			
Salaries			
Benefits			
Board Honorarium			
Board Travel			
Staff Travel			
Utilities			
Office Expenses			
_____			
_____			
<b>Total Cheques and Withdrawals</b>			
<b>Bank Balance, end of the _____</b>			

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