



OPERATING GRANT APPLICATION FORM

DEADLINE: October 31st

APPLICANT INFORMATION

ORGANIZATION NAME:			
MAILING ADDRESS:		POSTAL CODE:	
HAMLET/TOWN:		PROVINCE:	
PRIMARY CONTACT NAME(S):			
PRIMARY PHONE / FAX NUMBER:			
EMAIL(S):			
NAME & LOCATION OF FACILITY (IF APPLICABLE)			
VISION / MISSION STATEMENT:			

TYPE OF GRANT

Please Check All That Apply

Community Hall / Facility \$ _____

Museum / Heritage \$ _____

Recreation / Cultural \$ _____

Seniors Transportation / Facility \$ _____

AGREEMENT

I/We understand that:

1. The grant shall be used only for those purposes as outlined in the Operating Grant section of BigLakes County Grant Funding Policy. "Annual Operating Grant" shall mean yearly grant funding provided to Community Organizations upon application towards maintaining its operations and programming, including: rent; utilities; insurance; advertising, marketing, and communication expenses; office and program supplies; and other ongoing operating pressures.
2. Grant funds not expended for the purposes for which they were provided shall be returned to BigLakes County.

3. In order to be eligible for Operating Funds, the Community Organization shall be a registered society, in good standing, with the Province of Alberta, or have charitable status with the Government of Canada.
4. Big Lakes County reserves the right to request an externally prepared audit, by a certified accountant, and any other documentation deemed necessary by the municipality, of any Community Organization receiving operational funding.
5. The application deadline is October 31 of each year for funding for the current year.
6. To apply for Operating Grant Funding, the Community Organizations shall annually submit to the Grants Officer or designate a complete application form supplying sufficient information including the document listed above.
7. Applicants who have previously received any type of grant funding from Big Lakes County but have not submitted the requisite financial accounting for the grant(s) will not be eligible for funding under this program until all outstanding accounting requirements have been met.
8. Declaration of Financial Contact: the person responsible for finances must complete the following

I, _____, _____
 (PRINT NAME) (PRINT OFFICIAL POSITION)

solemnly declare to take full responsibility for receiving and facilitating disbursement of monies received from the County, in response to this application, of which this statement forms a part.

Declared to me on this day/month/year: _____

Signed: _____ Witnessed: _____

TOTAL AMOUNT OF COUNTY GRANT FUNDING REQUESTED: _____

When stating this request for specific funds, **please take into account:**

- **Need to provide current services/programming**
- **Previous Year's Big Lakes County grant allocations**

DOES YOUR ORGANIZATION PREFORM STRATEGIC PLANNING? _____

If your organization does one or more of the following, Mark YES. **Does your organization have:**

- **A projected budget for the upcoming year?**
- **A document with the roles of each board member clearly outlined for the next elected members?**
- **A Document that lists upcoming Capital Projects for the next five years?**
- **Are all documents saved in an accessible location (where new board members can access them)**

DOES YOUR ORGANIZATION PARTNER WITH OTHER LOCAL COMMUNITY GROUPS TO ACCESS/RUN A FACILITY/PROGRAMMING AT A LOWER COST?

IF SO, PLEASE SPECIFY THE GROUP: _____

DID YOUR ORGANIZATION APPLY/RECEIVE FUNDS ELSEWHERE IN THE PAST YEAR?

For Example, Did your organization obtain funds from:

- Working a casino?
- Another grant (from a private organization, or the Federal/Provincial Government)?
- Funding from another municipality?
- Fundraising?

IF SO, PLEASE SPECIFY: _____

WILL THE PROPOSED FUNDS BE USED TOWARDS? Please Check All That Apply

Insurance	Holiday-Related Events	Grass Cutting Services	Seniors Programming
Hookup/Service Fees (Power, Heat & Water)	Snow Plowing Services	Children/Youth Programming	Facility Maintenance

Other:
Please Specify: _____

DOES YOUR ORGANIZATION MANAGE A CAPITAL ASSET? Please Check All That Apply

Outdoor Rink	Indoor Rink / Curling Facility	Bowling Alley	Football Field
Baseball Diamond	Racket-Based Courts	Fitness Centre	Campground
Community Hall / Facility	Community Garden	Park	Picnic Area
Hiking/ Biking Trails	Other, Please Specify: _____		

HOW MANY DAYS WAS THIS CAPITAL ASSET IN USE THIS YEAR? Please make an educated guess

For example, if your facility is open and used year-round write 365 in the corresponding box

Outdoor Rink	Indoor Rink / Curling Facility	Bowling Alley	Football Field
--------------	--------------------------------	---------------	----------------

Baseball Diamond	Racket-Based Courts	Fitness Centre	Campground
Community Hall / Facility	Community Garden	Park	Picnic Area
Hiking/ Biking Trails	Other, Please Specify: _____		

HOW MANY PEOPLE USED THIS FACILITY DURING THE PAST YEAR? Please make an educated guess

Outdoor Rink	Indoor Rink / Curling Facility	Bowling Alley	Football Field
Baseball Diamond	Racket-Based Courts	Fitness Centre	Campground
Community Hall / Facility	Community Garden	Park	Picnic Area
Hiking/ Biking Trails	Other, Please Specify: _____		

DOCUMENTATION

Please Attach the Following Documents/Information to your Application

MINUTES OF MOST RECENT ANNUAL GENERAL MEETING (AGM) DATED: _____
of the year that the society has applied for funding. For ex., if
a group has applied for funds in 2018 then we request AGM
minutes from 2018.

MOST RECENT FINANCIAL STATEMENT: DATED: _____
(Incl. 2 Executive Officer Signatures)

MINUTES OF MOST RECENT ANNUAL GENERAL MEETING: DATED: _____

MOST RECENT PROOF OF FILING from annual return DATED: _____

CURRENT YEAR ASSOCIATION BUDGET: DATED: _____

LIST OF EXECUTIVE OFFICERS: DATED: _____

CORPORATE ACCESS NO.: _____

If a society does not provide proof of filing for more than one consecutive year, then the County cannot approve their request.

Please note: If a community organization plans to hold its Annual General Meeting past the October 31 deadline (in either November or December), Big Lakes County will accept the previous year AGM minutes and corresponding documents as an interim submission until final documents are available.

This personal information is being collected under the authority of Section 33(c) of the FOIP Act and will be used to administer funding under the Community Grant Program. All information gathered by Big Lakes County is protected by the provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Big Lakes County FOIP assistant at 780-523-5955.

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

Attn: **Grants Officer**

Big Lakes County

P.O. Box 239, 5306-56 St.

High Prairie, AB T0G 1E0

Phone: (780) 523-5955

Fax: (780) 523-4227

Email: Grants@BigLakesCounty.ca

Big Lakes County proudly offers grants to community non-profit organizations to assist in funding valued programming throughout the County.

Contact us today. We are eager to serve you!

For Administrative Use Only:			
DATE RECEIVED:		DATE REVIEWED:	
AMOUNT APPROVED:		COUNCIL MOTION:	
REVIEWED BY:		COMMENTS:	