

# Capital Project Grant Claim Form

## Applicant Information

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

## Type of Claim

Costs of Completed Phase of Project

Costs for Completed Project

## Agreement

1. The grant shall be used only for those purposes as outlined in the Capital Project Grant section of Big Lakes County Grant Funding Policy.
2. Grant funds not expended for the purposes for which they were provided shall be returned to Big Lakes County.
3. This form is to be used to claim funds for a project that has been approved for Big Lakes County Capital Project funding only.
4. 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. The County will not pay for GST. Please deduct all GST from the listed expenditures.
5. 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.
6. 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 in the form.
7. 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 on this day/month/year: \_\_\_\_\_

SIGNED: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

## Project Budget

1. **EXPENDITURES** (Please attach paid invoices/receipts)

a) **PLANNING** (consultants, drawings, studies)

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

b) **GOODS & SERVICES** (materials/equipment/labour)

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

c) **VOLUNTEER LABOUR**

Volunteer Labour @ \$20/hour (unskilled) \$ \_\_\_\_\_

Volunteer Labour @35/hour (skilled) \$ \_\_\_\_\_

**Volunteer Labour & Equipment @ \$70/hour** \$ \_\_\_\_\_

d) **DONATED GOODS & SERVICES**

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

**TOTAL EXPENDITURES** \$ \_\_\_\_\_

2) **REVENUES SOURCES** (Please attach additional pages as needed)

a) **COUNTY GRANT MONEY REQUESTED** \$ \_\_\_\_\_  
(Up to a maximum of 50% of total expenditures)

b) OTHER GRANTS  
(Indicate whether grants are planned, applied for, or received)

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

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

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

c) CASH DONATIONS

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

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

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

d) VOLUNTEER GOODS & SERVICES  
(Total value of VOLUNTEER LABOUR from EXPENDITURES)

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

e) APPLICANT'S CONTRIBUTION

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

**TOTAL REVENUE** \$ \_\_\_\_\_

3) BALANCED BUDGET: (= \$0.00) (PLEASE ATTACH ADDITIONAL PAGES AS NEEDED)

**TOTAL REVENUE** \$ \_\_\_\_\_

(—)

**TOTAL EXPENDITURES** \$ \_\_\_\_\_

## Submit Your Claim Form

Claim forms 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**

FOR ADMINISTRATIVE USE ONLY

DATE RECEIVED:	DATE REVIEWED:	REVIEWED BY:
AMMOUNT APPROVED:	COUNCIL MOTION:	

COMMENTS:

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