

Operating Grant Application

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):	
VISION/MISSION STATEMENT:	

Type of Grant

PLEASE CHECK ALL THAT APPLY:

- Community Hall/Facility Grant Museum/Heritage Grant Recreation/Cultural Grant
 Seniors Transportation/Facility Grant Cemetery Grant

Agreement

I/We understand that:

1. The grant shall be used only for those purposes as outlined in the Operating Grant section of Big Lakes 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 Big Lakes 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 on this day/month/year: _____

SIGNED: _____ WITNESSED: _____

AMOUNT OF COUNTY GRANT MONEY REQUESTED \$ _____

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

- Need to provide current services/programming
- Previous years Big Lakes County grant allocations

DOES YOUR ORGANIZATION PERFORM STRATEGIC PLANNING? YES NO

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 member?
- a Document that lists upcoming Capital Projects for the next five years?
- 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? YES NO

If so, please specify the group: _____

DID YOUR ORGANIZATION APPLY/RECEIVE FUNDS ELSEWHERE IN THE PAST YEAR? YES NO

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: _____

WHAT WILL THE PROPOSED FUNDS BE USED TOWARDS? (Please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Holiday-related Events | <input type="checkbox"/> Grass-cutting Services |
| <input type="checkbox"/> Seniors Programming | <input type="checkbox"/> Hookup/Service Fees (power, heat, & water) | <input type="checkbox"/> Snow Plowing Services |
| <input type="checkbox"/> Children/Youth Programming | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Other: _____ |

DOES YOUR ORGANIZATION MANAGE A CAPITAL ASSET? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Outdoor Rink/Curling Facility | <input type="checkbox"/> Indoor Rink/Curling Facility | <input type="checkbox"/> Bowling Alley |
|--|---|--|

- | | | |
|---|--|--|
| <input type="checkbox"/> Football Field | <input type="checkbox"/> Baseball Diamond | <input type="checkbox"/> Racket-based Courts |
| <input type="checkbox"/> Fitness Centre | <input type="checkbox"/> Community Hall/Facility | <input type="checkbox"/> Campground |
| <input type="checkbox"/> Community Garden | <input type="checkbox"/> Museum | <input type="checkbox"/> Park |
| <input type="checkbox"/> Picnic Area | <input type="checkbox"/> Hiking/Biking Trails | <input type="checkbox"/> Other: _____ |

HOW MANY DAYS WAS THIS CAPITAL ASSET IN USE THIS YEAR? (Please make an educated guess; for example, if your facility was open and used year-round write 365 in the corresponding box)

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

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

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

Documentation

PLEASE ATTACH THE FOLLOWING DOCUMENTS/INFORMATION TO YOUR APPLICATION

- MINUTES OF MOST RECENT ANNUAL GENERAL MEETING: DATED: _____
(For example, if a group has applied for Capital funds from the County's 2021 budget, then they must provide minutes from 2020)
- MOST RECENT FINANCIAL STATEMENTS: DATED: _____
(Including two (2) Executive Officer signatures)
- CURRENT YEAR ASSOCIATION BUDGET DATED: _____
- LIST OF EXECUTIVE OFFICERS
- MOST RECENT PROOF OF FILING FROM ANNUAL RETURN DATED: _____
If a society does not provide proof of filing for more than one year, then the County cannot approve the request.

CORPORATE ACCESS NO.: _____

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.

