

# 2024 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

## Capital Project Grant Funding 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 immediately.
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, or up to \$25,000.
5. 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.
6. 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.
7. 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.
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 Big Lakes County, in response to this application, of which this statement forms a part.

Declared on this day/month/year: \_\_\_\_\_

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

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

## Expenditures and Revenue

### 1. EXPENDITURES (Please attach estimates or quotes)

#### 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%, or \$25,000 of total expenditures, less GST)

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

#### 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)

**TOTAL EXPENDITURES**

**\$ \_\_\_\_\_**

**( — )**

**TOTAL REVENUE**

**\$ \_\_\_\_\_**

## 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](mailto:Grants@BigLakesCounty.ca)

### FOR ADMINISTRATIVE USE ONLY

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

COMMENTS:

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