2024 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):		
YEAR OF REQUESTED FUNDING		
VISION/MISSION STATEMENT:		

Type of Grant

PLEASE CHECK ALL THAT APPLY:

□ Community Hall Grant

- Museum/Heritage Grant
- □ Hamlet Recreation/Cultural Grant
- □ Seniors Transportation/Facility Grant

□ Cemetery Grant

Operating Grant Funding Agreement

- 1. Shall be used only for those purposes as outlined in the Operating Grant section of Big Lakes County Grant Funding Policy. "Operating Grant" shall mean 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 immediately.

- 3. 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 the year prior, so that all applications can be considered by Council during annual budgetary deliberations.
- 6. Community Organizations shall submit to the Grants Officer, or designate, a complete application form supplying specific information regarding the use of funds, including the documents listed above.
- 7. Organizations may apply for 30% of their annual budget, up to the maximum listed in each grant funding category.
- 8. 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.
- 9. Declaration of Financial Contact: the person responsible for finances must complete the following:

Ι_____ , ____

(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: _____

AMOUNT OF COUNTY GRANT MONEY REQUESTED \$_____

When stating this request for specific funds, please consider:

- Need to provide current services/programming
- Maximum amount per grant funding category

DOES YOUR ORGANIZATION PERFORM 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 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)?

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: _____

DOES YOUR ORGANIZATION MAN	IAGE A CAPITAL ASSET? (Please	e check all that app	ly)	
Outdoor Rink/Curling Facility			 □ Bowling Alley □ Racket-based Courts □ Campground 	
🗆 Football Field				
□ Fitness Centre □ Community Hall/		y 🗆 Ca		
🗆 Community Garden	□ Museum	🗆 Pa	Park Other:	
🗆 Picnic Area	Hiking/Biking Trails	□ Ot		
WHAT WILL THE PROPOSED FUND	S BE USED TOWARDS? (Please	e check all that app	ly)	
□ Insurance	Holiday-related Events		Grass-cutting Services	
Seniors Programming	□ Hookup/Service Fees (power, heat, & water)		□ Snow Plowing Services	
Children/Youth Programming	□ Facility Maintenance	□ Other:		
PROVIDE A BREAKDOWN OF HOW	/ FUNDS WILL BE SPENT:			
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
	TOTAL EXPENDITURES			
	TO THE EXI ENDITORES	Ψ _		
Documentation				
Documentation				
PLEASE ATTACH THE FOLLOWING	DOCUMENTS/INFORMATION TO	O YOUR APPLICATI	ON	
MINUTES OF MOST RECENT AN	INUAL GENERAL MEETING:	DATED:		
(For example, if a group has applied	d for Operating grant funding f	rom the County's 2	024 budget, minutes from 2023	
must be provided.				
□ MOST RECENT FINANCIAL STAT	EMENTS:	DATED:		
(Including two (2) Executive Officer	signatures)			
CURRENT YEAR ASSOCIATION I	BUDGET	DATED:		
□ LIST OF EXECUTIVE OFFICERS				
□ MOST RECENT PROOF OF FILIN	IG FROM ANNUAL RETURN	DATED:		
If a society does not provide proof	of filing for more than one year	r, 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.

Submit Your Application

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 TOG 1E0 Phone: (780) 523-5955 Fax: (780) 523-4227 Email: Grants@BigLakesCounty.ca

FOR ADMINISTRATIVE USE ONLY

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

COMMENTS: