

2024 Operating Grant Report 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:	

Operating Grant Funding Agreement

1. The grant shall be used only for those purposes as outlined in the Operating 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 report on operating funding expenditures that have been approved for Big Lakes County Operating Grant funding only.
4. The County will pay a maximum of 100% of the operating funding amount approved by council. Please provide a breakdown of how the funding was allocated to support your report.
5. Applicants who do not complete a final report will not be considered for any future grant requests until a final report has been submitted.
6. 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 invoices and receipts)

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

TOTAL EXPENDITURES

\$ _____

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

a) COUNTY GRANT MONEY REQUESTED \$ _____

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

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

c) CASH DONATIONS

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

d) APPLICANT'S CONTRIBUTION \$ _____

TOTAL REVENUE

\$ _____

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

TOTAL EXPENDITURES

\$ _____

(—)

TOTAL REVENUE

\$ _____

Submit Your Report Form

Report 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:
AMOUNT APPROVED:	COUNCIL MOTION:	

COMMENTS:
