

Applicant Information

Name of Organization _____

Mailing Address _____ Registration Number _____

Town _____ Province _____ Postal Code _____

****All cheques will be addressed to the organization and mailed to the above address**

Contact Information

Primary Contact _____ Title _____

Daytime Phone _____ E-mail _____

Project

Project Name _____

(required format for project name is 3 - 4 word description of project followed by date submitted - e.g. Community Hall Renovation, July 20, 2010)

Project Location _____

Brief Project Description
(300 character maximum)

Have you applied for, or already received funding for this project?

Yes No

If yes, provide details

Is the facility accessible to the general public?

Yes No

Project Details - on an attached sheet

Project Description

1. Explain what you want to do with the funds. This includes a description of the issues and identifiable needs that will be addressed by this project.
2. Explain how the organization will know in measurable terms whether or not the project has achieved the desired outcomes.
3. How many people do you estimate or know will benefit from this grant?
4. If your grant is successful, how long will it take to complete your project once funding is approved?

Need for Financial Assistance

1. If your organization has a current operating surplus, operating reserves or unrestricted cash assets, explain what you plan to do with these funds, if they are not allocated to this project.
2. If your organization has a current operating or accumulated deficit, explain how the deficit was acquired and your plan for reducing it.

Other Attachments

1. Current Audited Financial Statement
2. List of Executives (Include a complete listing of Board Members and Organization Executive along with a daytime phone number)
3. Letters of Support / References
4. Other Supporting Documentation (e.g. estimates and supplier quotations)

Project Budget

Revenue	Requested Budget
Amount Requested from this Program	
Provincial Government Funding	
Federal Government Funding	
Non- Government Funding	
Your Organization's Cash Contribution	
Donated in Kind Resources	
Total Funding	

Project Budget con't

Total Project Expenses	Requested Budget
Labour	
Equipment	
Supplies and Materials	
Contracted Services	
Other (specify)	
1.	
2.	
3.	
4.	
5.	
Total Paid Expenses	
Donated Labour	
Donated Equipment	
Donated Materials and Supplies	
Total Donated in Kind Resources	
Total Expenses including Donated in Kind Resources	

Note: The 'Total Funding' must equal 'Total Expenses including Donated in Kind Resources'

Schedule for Donations in Kind (complete only if applicable)

Donated Labour, Equipment & Materials	Description	Supplied By	Budget Hours	Rate/Hour Maximum Allowed	Total
Unskilled Labour				\$15	
Skilled Labour				\$30	
Equipment & Operator				\$60	
Equipment			N/A	N/A	
Material or Supplies			N/A	N/A	
Total Donated Labour, Equipment & Supplies or Materials			N/A	N/A	

Include supporting documentation for all donated Materials and Equipment (i.e. confirmation letters for significant donations)

Grant Agreement and Declaration

Name of Organization _____

The Organization declares that:

The information contained in its application and supporting documents is true and accurate and endorsed by the Organization.

The required financial statement(s) for the applicable fiscal period(s) are true copies and have been attached to and form part of the Application.

The Organization understands and agrees that should this Application be approved, any funding awarded is subject to the Organization complying with the terms and conditions of this Agreement. The Organization agrees to the following terms and conditions:

1. The program Guidelines and Application form part of this Agreement and the Organization agrees to be bound by the requirements set out in them.
2. The Organization will use all grant funding awarded for the stated purposes within its Application. If the Organization wished to vary the Purpose, it agrees to be bound by the requirements set out in the program Guidelines.
3. Following receipt of the Grant, the Organization agrees to be bound by the final report requirements set out in the Guidelines.
4. Any part of the Grant not spent as set out in the Guidelines or upon termination of this Agreement must be repaid to Westlock County. The Grant may be terminated upon:
 - a. mutual consent;
 - b. 30 days written notice by either party;
 - c. demand by the County for immediate repayment in the event of a breach of any term or condition; or
 - d. if the Organization becomes insolvent
5. The Organization acknowledges that it will be liable for the full amount of the Grant and will be bound to the terms of this Agreement, even if the Organization has paid all or part of the Grant to a third party who has spent the money.
6. The Organization agrees to give Westlock County access to examine the Organization's operation and/or premises to verify the Grant has been used for the Purpose and will provide access to all financial statements and records having any connection with the Grant or the Purpose during the term of this Agreement and for seven years after the termination of this Agreement.
7. The Organization acknowledges that the *Freedom of Information and Protection of Privacy Act (FOIP)* applies to records submitted by the Organization to the County in relation to the grant application, including the Application and this Agreement. These records may be disclosed in response to an access to information request under the *FOIP Act*, subject to any applicable exceptions to disclosure under the Act.
8. The Organization agrees to indemnify and hold harmless Westlock County, including all councilors, employees and agents from any and all claims demands, actions and costs (including legal costs) for which the Organizations is legally responsible, including those arising out of negligence or wilful acts by the Organization or its employees or agents. Such indemnification shall survive the termination of this Agreement.

The Organization represents and warrants that the person signing is duly authorized to make the Application and is legally sufficient to bind the Organization to the Agreement.

Signature of Authorized Representative _____ Date _____

Name of Authorized Representative _____ Title _____