



Municipality of Crowsnest Pass  
Box 600 Crowsnest Pass, AB TOK 0E0  
Phone: (403) 562-8833  
Fax: (403) 563-5474

## GRANT APPLICATION INSTRUCTIONS

### **Overview**

Grant requests directed to the Municipality of Crowsnest Pass must meet a number of criteria in order to be successful. Each application must contain all required information, include all applicable supporting documentation, and be submitted on or prior to the specified deadline.

The Municipality is committed to supporting sustainable activities that positively impact the ratepayers of the Municipality, and is faced with allocating a limited amount of resources among an ever-growing list of applicants. This process is intended to help make the best use of limited funds.

You are **ineligible** to receive a grant if any of the following conditions exist:

- 1) The grant application is not complete.
- 2) A current financial statement is not included.
- 3) A detailed budget for the grant expenditure is not included.
- 4) A final report remains outstanding from a previous grant application.

### **Name of Organization**

Full legal name of the organization.

### **Mailing Address of Organization**

This should include full address and postal code.

### **Contact Name(s)**

First and last name of contact(s).

### **Contact Telephone Number(s)**

Please include a phone with message capabilities, cell phone, or work number if possible since most calls from the Municipality will come during the day.

### **Position Held**

The person making the application should normally be a member of the executive of the organization or be specially appointed by way of motion.

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### ***Purpose of the Organization***

Outline in a few sentences the purpose of the organization, including how long it has been in operation and its overall objective(s). Include an overall budget for the next year of operations.

### ***Purpose of the Application***

Outline in a few sentences what these specific funds would be used for and attach a detailed budget for the proposal. The outline should include the estimated number of participants/users impacted, other social or economic impacts of the application, cooperation with or funding from other groups and the impact on the organization/users if the grant is denied.

### ***Past Financial Statements***

Provide an approved copy of your most recent financial statements. Approval can be via signatures of two board members or as prepared by an accountant, based on your organization's legislated requirements.

### ***Funding Sources that Denied this Application***

List other funding sources applied to that denied this application.

### ***Previous Grant and Reporting History (if applicable)***

List the last two grants received from the Municipality, including purpose and amount. Please note that starting with the October 2017 application process, final reports MUST be filed with the Municipality within 30 days of completion of the grant expenditure. Failure to provide a final report will result in rejection of all future applications until applicable report(s) are filed.

### ***Final Report Content***

Within 30 days of the completion of the grant expenditure, a report must be filed with the Municipality verifying expenditure of the grant. This report should include:

- 1) Name of Organization
- 2) A summary of actual expenditures of grant funds compared to submitted budget
- 3) A short, written description of activities, number of participants, successes etc.
- 4) Signatures of two members of the organization's executive

### ***Grant Category***

**Category 1 Requests:** Funding and support requests associated with organizations that provide the Municipality with an operational service. Documentation required for submission: Brief annual report outlining the service provided, operational issues and highlights; most current and approved Financial Statement, a listing of the amount of memberships, participant fees, sale of goods and services, grants from other organizations and donations.

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**Category 2 Requests:** Funding and support requests associated with organizations that co-ordinate and offer annual events/activities to the general public within the Municipality. Documentation required for submission: Brief annual report outlining the funded event/activities and highlights and actual expenditures; most current and approved Financial Statement, along with a budget; a listing of the amount of the Applicant's contribution for this event, participant fees, sale of goods and services, grants from other organizations and donations.

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## **Municipality of Crowsnest Pass**

### **Grant Application Checklist**

- Have all final reports from previous grant applications been filed?
- Has the application been fully completed and signed?
- Have you attached an overall budget for your organization for the next year?
- Have you attached a detailed budget for the grant application?
- Have you attached your approved financial statements for the last year available?
- Have you attached other supporting documentation if applicable?
- Is everything you provided clearly written and easy to understand?

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## GRANT APPLICATION

**Grant Category:**

**Category 1**

**Category 2**

**Organization Information:**

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

Position of Contact Person: \_\_\_\_\_

Purpose of organization: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Purpose of Organization

Are you a Registered Not-for-Profit Organization? Yes                      No

Your application will still be considered if you are not a Registered Charity or Not-for-Profit Organization

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**Grant Information:**

Grants Category:      Category 1                  Category 2

Total Amount Requested \_\_\_\_\_  
   Operating     Capital

Proposed Project

*Operating costs are the costs of day-to-day operations.  
Capital costs are costs more than \$2,500, which is not consumed in one year and/or those costs, which add value to property owned and operated by the organization.*

**FORM A must be filled out with all grant applications. Fill out FORM B for any capital requests.**



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**Additional Information:**

Have you previously applied for grant from the Municipality of Crowsnest Pass?

Yes                          No

List the last two grants your organization has received from the Municipality of Crowsnest Pass

1.    Amount \$ \_\_\_\_\_ Year \_\_\_\_\_

Purpose: \_\_\_\_\_

2.    Amount \$ \_\_\_\_\_ Year \_\_\_\_\_

Purpose: \_\_\_\_\_

Have you provided the Municipality of Crowsnest Pass with a formal completion report for grant funds received?

Yes                          No

If no, why has the report not been filed?

Have you applied for grant funds from sources **other** than the Municipality of Crowsnest Pass?

Yes                          No

Have you received grant funds from sources **other** than the Municipality of Crowsnest Pass?

Yes                          No

If yes; who, purpose and amount?

Have you performed any **other** fundraising projects? If yes; what and how much was raised?

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By signing this application, I/we concur with the following statements:

- The grant application is complete and includes all supporting documentation, including most recent financial statement, balance sheet, current bank balances and current year detailed operating budget or completed Form "A".
- The grant shall be used for only those purposes for which the application was made;
- If the original grant application or purposes for which the grant requested have been varied by the Municipality of Crowsnest Pass Council, the grant will be used for those varied purposes only;
- The organization will provide a written report to the Municipality of Crowsnest Pass within 30 days of completion of the grant expenditure providing details of expenses, success of project and significance to the ratepayers of the municipality; failure to provide such a report will result in no further grant funding being considered until the final report is filed and grant expenditure verified;
- The organization agrees to submit to an evaluation of the project related to the grant, and;
- The organization will return any unused portion of the grant funds to the Municipality of Crowsnest Pass or to request approval from the Municipality to use the funds for an optional project.

### **Applicant Information:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## APPLICATION FOR GRANT FORM B – CAPITAL

Purpose for Grant (please provide full description and detailed project budget);

Estimated Completion Date: \_\_\_\_\_

Quotes for Project (minimum of three quotes if available. Attach additional quotes if required):

1. \_\_\_\_\_

Amount \$ \_\_\_\_\_

2. \_\_\_\_\_

Amount \$ \_\_\_\_\_

3. \_\_\_\_\_

Amount \$ \_\_\_\_\_

\*Please submit your organization's most recent financial statement (based on your organizations legislated requirement) with the grant application.

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