—Economic Recovery GRANT PROGRAM—

FUNDING APPLICATION

**DEADLINE FOR SUBMISSION**

**September 15, 2022 at 10:00 am**

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

**PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH PROJECT**

**FOR WHICH YOU ARE REQUESTING FUNDS**

# PLEASE REFER TO THE APPLICANT’S GUIDE PRIOR TO COMPLETING

PART A: APPLICANT INFORMATION

|  |
| --- |
| ORGANIZATION INFORMATION |
| **Organization Name:** |  |
| **Fiscal Year End:** |  |
| **Mailing Address:** |  |
| **Contact Person**(including position/title) |  |
| **Contact Email:** |  |
| **Contact Phone:** |  |
| **Contact Fax:** |  |

## CHOOSE THE OPTION THAT APPLIES TO YOUR ORGANIZATION

(Please refer to the Application Guide, Section 1.2, for more information)

|  |
| --- |
| PROVINCIAL LEGISLATION |
| Agriculture Societies Act |
| Part 21 of the Business Corporations Act – Extra-Provincial Corporations |
| Cemeteries Act or Cemetery Companies Act |
| Companies Act, Part 9 (Non-profit Companies) |
| Libraries Act |
| Societies of Alberta Act |
| Special Act of the Alberta Legislature |
| FEDERAL LEGISLATION |
| Special Act of the Parliament of Canada |
| Canada Not-for-Profit Corporations Act and must be registered in Alberta under theBusiness Corporations Act |
| Income Tax Act of Canada and operating in the province of Alberta (Charities) |
| OTHER |
| First Nations and Metis Settlements |
| Foundations established and regulated under the province’s Regional Health Authorities Act |
| Ad hoc business organizations not included in any other category (see applicant guide) |
| Universities, colleges, and institutes as defined under Alberta’s Post-Secondary Learning Act |

**Please list your organization’s Charitable Number/Incorporation Number (*if applicable)*:**

|  |  |
| --- | --- |
| **Charitable Number:** |  |
| **Incorporation****Number:** |  |

ADDITIONAL INFORMATION

|  |  |
| --- | --- |
| **Has your organization received previous****financial support from the Town of Hinton?** | **YES NO** |
| **If yes, list previous project(s), amount(s), and year(s) your organization has received funding from the Town of Hinton for the****last four years:** |  |
| **Have final reports been submitted for****previous financial support?** |  |

# PART B: PROJECT INFORMATION

|  |
| --- |
| PROJECT DETAILS |
| **Project Name:** |  |
| **Amount Requested:** |  |
| **Project/Activity Start Date**(mm/dd/yyyy) |  |
| **Project/Activity End Date**(mm/dd/yyyy) |  |

## PROJECT SUMMARY

**Please include a clear statement of the project details and description. If applying for operating (core) funding, describe what the funding is for and include category of focus *(see Applicant’s Guide Part B)***

# PART C: COMMUNITY BENEFIT/FINANCIAL NEED/ABILITY TO MANAGE PROJECT

***For more information on filling out this section, please refer to the Applicant’s Guide, Section 2, Part C.***

Needs assessment, analysis, and planned evaluation with measurable targets/outcomes **20 PTS**

Cost Benefit Value

**20 PTS**

Degree of financial need of applicant/how much self-help

**20 PTS**

Demonstration of thorough project plan

**15 PTS**

Relation to project to COVID-19 economic recovery in Hinton

**10 PTS**

Financial stability/demonstrate how matching funds/resources/revenue will be raised

**10 PTS**

Credible previous management of project/activity/organization

**5 PTS**

**TOTAL**

**100 PTS**

# PART D: PROJECT BUDGET

**Please include details regarding revenues and expenditures for this project/activity.**

**Please note that total expenditures and total revenues should balance.**

|  |
| --- |
| EXPENDITURES**Examples of expenses: equipment rentals, operating supplies, advertising materials, etc.** |
| **EXPENSE TYPE** | **COST** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL ANTICIPATED EXPENSES** | **$** |

|  |
| --- |
| FUNDING SOURCE**Examples of revenue: club contributors, grants\*, cash donations, gift in-kind, registration/ participation fees, donated labour/services/material/equipment, etc.**\*For revenue from grants, please provide a list detailing type, source, and amount of all other grant funding which has been applied for or approved for this project/activity.**Please see section 1.4.2 of the Applicant’s Guide for value of labour/equipment/materials.** |
| **REVENUE TYPE** | **AMOUNT** |
| Economic Recovery Grant Fund request*(eligible for up to 50% of project, up to a maximum grant amount of $5,000)* | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL ANTICIPATED REVENUE** | **$** |

**Please note that total expenditures and total revenues should balance.**

|  |  |
| --- | --- |
| **Does your TOTAL ANTICIPATED EXPENSES****balance with your TOTAL ANTICIPATED REVENUE?** | **YES NO** |
| **If your expenses and revenue do not balance,****please explain why** |  |

# PART E: SUPPORTING DOCUMENTATION

**Up-to-date information is required when submitting related documentation.**

|  |
| --- |
| REQUIRED DOCUMENTS (PLEASE ATTACH) |
| Financial Statements |
| List of Executives/Board Members |
| Last Filed Annual General Return |
| **Only Applicable to Non-Registered Groups**Permission from Community Futures West Yellowhead to project manage proposal |



# FINAL CHECKLIST

|  |
| --- |
| PLEASE ENSURE YOU HAVE COMPLETED/INCLUDED THE FOLLOWING: |
| **Reviewed the Applicant’s Guide***Please review this document to ensure you have completed all sections correctly.* |  |
| **Consulted Community Futures West Yellowhead***OPTIONAL: If you are an ad hoc business organization only* |  |
| **Part A: Applicant Information***Refer to page 9 of the Applicant’s Guide* |  |
| **Part B: Project Information***Refer to page 9 of the Applicant’s Guide* |  |
| **Part C: Community Benefit/Financial Need/Ability to Manage Project***Refer to page 9-10 of the Applicant’s Guide* |  |
| **Part D: Project Budget***Refer to page 10 of the Applicant’s Guide* |  |
| **Part E: Supporting Documentation***Refer to page 10 of the Applicant’s Guide* |  |

**PLEASE NOTE**

**If funding is received, your organization must complete the Financial Summary Form and Final Reporting by January 15, 2023. As such, please keep in mind that you will need to**

**provide the following:**

**Summary of revenue and expenses related to the project/event/operations;**

**Corresponding receipts;**

**A summary of project results**

## I DECLARE THAT:

### I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE-MENTIONED ORGANIZATION

* The information contained in this application and supporting documents is true and accurate and endorsed by the above-mentioned organization
* Funds are not being applied for:
	+ Debt retirement, deficit reduction and/or retroactive grant funding
	+ Operating (core) costs that are not linked to measurable targets and outcomes
	+ For-profit commercial ventures or private organizations
	+ Endowments
	+ Projects/activities whose beneficiaries are solely/primarily outside Hinton (the project/activity may occur outside Hinton boundaries, however, the majority of the project/activity benefit must be to Hinton residents)
* An accounting of spending, showing compliance with conditions of the grant shall be provided (including a project assessment and financial accounting summary) no later than January 15, 2023.
* Any grant awarded shall be used solely for the purposes stated within this application and according to program parameters

### Person having legal and/or financial signing authority signing on behalf of the organization:

|  |  |  |
| --- | --- | --- |
| Signature |  | Printed Name |
| Position/Title |  | Email Address |
| Phone Number |  |  |

Grant applications should be **double-sided** and **no more than 25 pages in total**.

DELIVER **SIX (6)** COMPLETE COPIES OF THE GRANT APPLICATION TO:

**Community Futures West Yellowhead**

**221 Pembina Avenue**

**Hinton AB T7V 2B3**

**Or by email (1 copy only)**

**to** **nrobbins@albertacf.com**