



# MUNICIPAL DISTRICT OF BIGHORN NO. 8 GRANT APPLICATION FORM

**2022 Grants** (For use January – December 2022)

***\*Refer to MD Policies CS-8 and F-10 before completing this Application\****

**Grant being applied for (pick one):**

COMMUNITY SERVICE GRANT - **Deadline August 20, 2021**

*Community Service Grants annual budget is approximately \$27,000 with many groups that apply for these funds. Average grant size is approximately \$2,100.*

**LATE OR INCOMPLETE APPLICATIONS  
WILL NOT BE CONSIDERED.**

**TYPE OR PRINT CLEARLY**

**COUNCIL - DISCRETIONARY FUND – Year-round**

This information is collected for the purposes of determining eligibility of an applicant to receive a M.D. of Bighorn grant and is collected pursuant to the Freedom of Information and Protection of Privacy Act.

**1. APPLICATION SUMMARY INFORMATION**

1A. Date of Application	
1B. Name of Project for which funding is being requested (5A)	
1C. Number of MD Residents who will benefit (7 a)	
1D. Grant amount requested (13A)	\$

**2. ORGANIZATION CONTACT INFORMATION**

2A. Name of Organization	
2B. Mailing Address	
2C. Phone Number	
2D. Fax Number (if available)	
2E. Website and/or E-mail	
2F. Incorporation Number (Societies Act)	

**3. PRIMARY CONTACT FOR THIS GRANT APPLICATION**

3A. Name and Title	
3B. Phone Number	
3C. E-mail ( <i>correspondence will be via email whenever possible</i> )	

**4. CHECKLIST: These documents must be submitted to the MD with this Application:**

4A. Completed application form
4B. List of Board of Directors (include names, board positions and phone numbers)
4C. Organization’s most recent financial statements (audited) <i>Audited by community members &amp; signed by those members</i>
4D. Organization’s Current Year Budget
4E. List of other organizations supporting this project / other funding sources
Project Budget (Form A)

**5. PROJECT INFORMATION**

<b>5A. Name of Project:</b>	
<b>5B. Projected initiation date:</b>	
<b>5C. Projected completion date:</b>	
<b>5D. Category: (pick <u>one</u>)</b>	
<input type="checkbox"/> Culture <input type="checkbox"/> Facilities <input type="checkbox"/> Family & Community Support Services <input type="checkbox"/> Recreation – Parks <input type="checkbox"/> Recreation – Sports <input type="checkbox"/> Special Activities	

**6. OVERVIEW STATEMENT - describing the project and detailing:**

**6A. What is this grant application for? (pick one)**

Operational (*maximum 50% of project total*)     Maintenance    - both these are in Policy CS-8  
 If Capital – *apply for a COUNCIL - COMMUNITY ENHANCEMENT FUND GRANT - in Policy F-10*

**6B. Project Overview:**

a) Describe the Project    b) What is the community need?    c) Who is the target group?  
 d) What project or activities are planned?

*Attach additional pages if needed, use section numbering to make your answers match the application.*

**7. Number of MD of Bighorn residents who will benefit from this project:**

- a) Number of MD Residents who will benefit:
- b) Total number of people who will benefit:
- c) How did you calculate these numbers?

**8. Volunteer Participation:**

- a) Number of volunteers involved:
- b) In what roles/activities will they be involved?

**9. Community: How will the Community learn about the project?**

**10. Evaluation: How will your organization measure the success of the completed project?**

**11. Recognition: How will your organization provide recognition for the MD's contribution?**

**12. Other Comments?**

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**MD Community Service Grants annual budget is approximately \$27,000 with many groups that apply for funds. Average grant size is approximately \$2,100.**

13A. Grant amount requested:

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13B. Grant amount requested represents what % of your total project budget?

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13C. Will this project proceed without MD Grant Funds?

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**14. Identify the other fundraising initiatives that your organization will undertake to meet the funding requirements of this Project**

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**Complete the attached Form A to provide a detailed budget of the project. Identify all sources of confirmed and anticipated revenues and expenditures (including other grants and generated revenues).**

**FORM A - PROJECT BUDGET - GRANT APPLICATION M.D. OF BIGHORN NO. 8**

**PROJECT REVENUES**

#	Item	Source	Funds
1	Grants funding – Provide details		\$
2	Grants funding – Provide details		\$
3	Grants funding – Provide details		\$
4	Grants funding – Provide details		\$
5	Fundraising revenue		\$
6	Fee for Services/Participant fees		\$
7	Donations		\$
8	GST Refund		\$
9	Other Revenue – Provide details		\$
10	Other Revenue – Provide details		\$
11	Other Revenue – Provide details		\$
12	Other Revenue – Provide details		\$
<b>TOTAL REVENUES</b>			<b>\$</b>

**Revenues and Expenditures MUST Balance**

**PROJECT EXPENDITURES**

#	Item	Costs
13	Contracted (professional or other) services	\$
14	Freight/Courier	\$
15	Telephone/Fax	\$
16	Postage	\$
17	Training Courses	\$
18	Computer Services	\$
19	Building rental	\$
20	Furniture/Equipment Rental	\$
21	Insurance	\$
22	Janitorial	\$
23	General Goods & Supplies - Provide details	\$
24	Office Supplies & Stationery	\$
25	Food & Beverage Supplies	\$
26	Recreation/Craft Supplies	\$
27	Fundraising Expenses	\$
28	Other Expenses – Specify	\$
29	Other Expenses – Specify	\$
30	Other Expenses – Specify	\$
31	Other Expenses – Specify	\$
32	Other Expenses – Specify	\$
33	Other Expenses – Specify	\$
34	Other Expenses – Specify	\$
<b>TOTAL EXPENDITURES</b>		<b>\$</b>

**Revenues and Expenditures MUST Balance**

**15. VERIFICATION**

The undersigned verifies that the information provided in this application is correct and complete. The current President or Treasurer of the organization must sign this application.

\_\_\_\_\_  
Signature of **President or Treasurer**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Date**

If you or your organization has any questions regarding the M.D. Grant Policies, this application, or the application process, please contact the Community Services Coordinator at (403) 673-3611 or Calgary direct (403) 233-7678.

Completed applications, with all required documents, can be submitted to the Coordinator at:

Regular Mail/Courier:	Fax:	E-mail:
Grant Applications M.D. of Bighorn Box 310 (2 Heart Mountain Drive) Exshaw, Alberta, T0L 2C0	(403) 673-3895	<a href="mailto:deb.grady@mdbighorn.ca">deb.grady@mdbighorn.ca</a>

**Application deadline for 2022 COMMUNITY SERVICE GRANTS – Friday, August 20, 2021**

**Applications accepted all year for:  
COUNCIL’S COMMUNITY ENHANCEMENT and DISCRETIONARY FUND Grants  
Council Fund applications are reviewed for completeness then forwarded  
to the appropriate Council Members for review, discussion and decision.**

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