

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

## 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 \_\_\_\_\_

**Gravel Grant  Project Grant  Capital Grant  Operating Grant**

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

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

Yes  No If yes, provide details

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Is the facility accessible to the general public?  Yes  No Provide a brief description of users and statistics

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# Type of Request Details

## 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.

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2. What is the proposed life cycle of your project/program?

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3. Provide the benefits this project/program will provide to the residents of Westlock County?

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4. If your grant is successful, how long will it take to complete your project once funding is approved?

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## 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.

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2. If your organization has a current operating or accumulated deficit, explain how the deficit was acquired and your plan for reducing it.

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## Other Attachments

1. Current Audited Financial Statement
2. Most current AGM Minutes
3. Proof of liability insurance
4. List of Executives (Include a complete listing of Board Members and Organization Executive along with a daytime phone number)
5. Letters of Support / References
6. Other Supporting Documentation (e.g. estimates, photos, maps, area photos, land description and supplier quotations)

## Gravel Request

Cash in Lieu of Gravel		Total Tonnes	Price Per Tonne	Requested Cash in Lieu of Gravel
Number of Loads	X 30 Tonnes per load			

Yes  No County Grader Required to spread gravel; if so provide contact info: \_\_\_\_\_

1. Detailed explanation of area to be covered, timeframe, measurements and purpose.

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## Budget

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

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

## Schedule for In-Kind

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

## Operational Expenditures

<b>Total</b>	

# Financial Request Summary

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	
<b>Total Funding</b>	

**DO NOT WRITE IN THIS SPACE - For County Use Only**

Funding Requested

Funding Approved

Application Reviewed and Approved

Application Reviewed and Denied      Grant Number      CGGP#000

Criteria and evaluation County (Comments must be completed if application is denied or modified)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Authorized County Representative \_\_\_\_\_ Date \_\_\_\_\_

Name of Authorized County Representative \_\_\_\_\_ Title \_\_\_\_\_

Decision made by Council in budget meetings:

\_\_\_\_\_

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

Letter sent: \_\_\_\_\_ Initial: \_\_\_\_\_

# Declaration

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

**The Organization declares that:**

The information contained in its application and supporting documents is true, 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 willful 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 \_\_\_\_\_