



—COMMUNITY GRANT PROGRAM—

FUNDING APPLICATION

**DEADLINE FOR SUBMISSION
MONDAY APRIL 1, 2019 AT 10:00 AM**

INCOMPLETE APPLICATIONS WILL BE RETURNED

**PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH PROJECT
FOR WHICH YOU ARE REQUESTING FUNDS**

This personal information is being collected under the authority of Section 33(c) of the *FOIP Act* and will be used to administer funding under the Community Grant Program. All information gathered by the Town of Hinton is protected by the provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Legislative & Administrative Assistant at 780 740 8059.

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	<input type="checkbox"/>
Part 21 of the Business Corporations Act – Extra-Provincial Corporations	<input type="checkbox"/>
Cemeteries Act or Cemetery Companies Act	<input type="checkbox"/>
Companies Act, Part 9 (Non-profit Companies)	<input type="checkbox"/>
Libraries Act	<input type="checkbox"/>
Societies of Alberta Act	<input type="checkbox"/>
Special Act of the Alberta Legislature	<input type="checkbox"/>
FEDERAL LEGISLATION	
Special Act of the Parliament of Canada	<input type="checkbox"/>
Canada Not-for-Profit Corporations Act and must be registered in Alberta under the Business Corporations Act	<input type="checkbox"/>
Income Tax Act of Canada and operating in the province of Alberta (Charities)	<input type="checkbox"/>
OTHER	
First Nations and Metis Settlements	<input type="checkbox"/>
Foundations established and regulated under the province’s Regional Health Authorities Act	<input type="checkbox"/>
Universities, colleges, and institutes as defined under Alberta’s Post-Secondary Learning Act	<input type="checkbox"/>

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 <input type="checkbox"/>	NO <input type="checkbox"/>
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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you want to appear before the Hinton Grant Funding Advisory Committee for an optional 10-minute question and answer opportunity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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 (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.

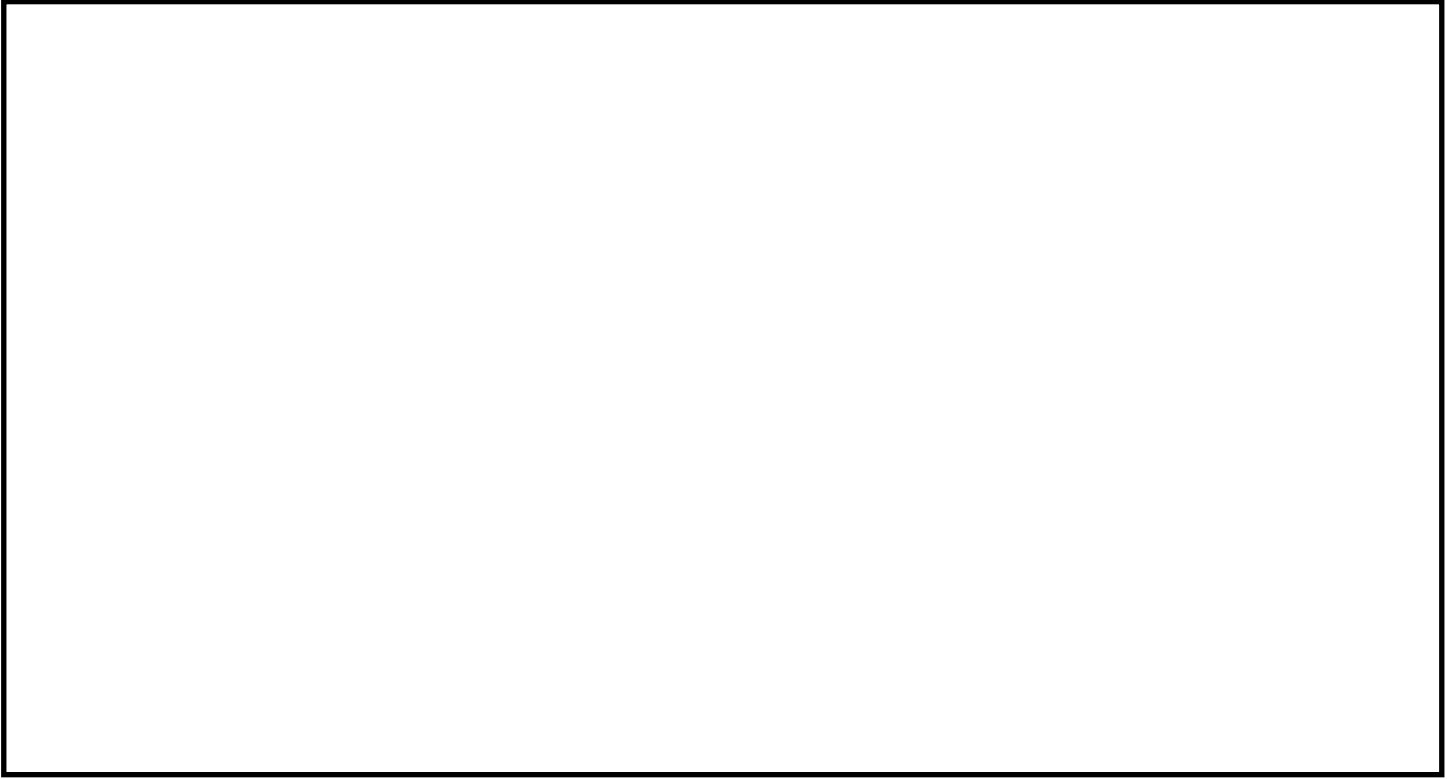
Needs assessment, analysis, and planned evaluation with measurable targets/outcomes **20 PTS**

Cost Benefit Value

20 PTS

Degree of financial need of applicant/how much self help

20 PTS

A large, empty rectangular box with a black border, intended for the applicant to provide their response to the question regarding their financial need and self-help.

Demonstration of thorough project plan

15 PTS

A large, empty rectangular box with a black border, intended for the applicant to provide their response to the question regarding their demonstration of a thorough project plan.

Number of people impacted and how (includes special considerations)

10 PTS

Empty response box for the first question.

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

10 PTS

Empty response box for the second question.

Credible previous management of project/activity/organization

5 PTS

Empty response box for the question.

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
Community Grant Fund request <i>(eligible for up to 50% of project, up to a maximum grant amount of \$10,000)</i>	\$
	\$
	\$
	\$
	\$
	\$
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 <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="checkbox"/> NO <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="checkbox"/>
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	<input type="checkbox"/>
List of Executives/Board Members	<input type="checkbox"/>
Last Filed Annual General Return	<input type="checkbox"/>
Only Applicable to Non-Registered Groups	<input type="checkbox"/>
A motion from eligible groups board indicating approval to sponsor ineligible group	<input type="checkbox"/>



FINAL CHECKLIST

PLEASE ENSURE YOU HAVE COMPLETED/INCLUDED THE FOLLOWING:	
Reviewed the Applicant's Guide <i>Please review this document to ensure you have completed all sections correctly.</i>	<input type="checkbox"/>
Consulted the Hinton Connects Team <i>OPTIONAL: If you have any questions about the application process.</i>	<input type="checkbox"/>
Part A: Applicant Information <i>Refer to page 9 of the Applicant's Guide</i>	<input type="checkbox"/>
Part B: Project Information <i>Refer to page 9 of the Applicant's Guide</i>	<input type="checkbox"/>
Part C: Community Benefit/Financial Need/Ability to Manage Project <i>Refer to page 9-10 of the Applicant's Guide</i>	<input type="checkbox"/>
Part D: Project Budget <i>Refer to page 10 of the Applicant's Guide</i>	<input type="checkbox"/>
Part E: Supporting Documentation <i>Refer to page 10 of the Applicant's Guide</i>	<input type="checkbox"/>

PLEASE NOTE

If funding is received, your organization must complete the Financial Summary Form and Final Reporting within one year. 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; and**
- **A summary of how marketing/promotional materials acknowledged the Town of Hinton's support (please see section 1.7 of the Applicant's Guide for more information).**

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 12 months following the formal funding decision
- Any grant awarded shall be used solely for the purposes stated within this application and according to program parameters
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received from the Town is hereby granted to the Town of Hinton Corporate Services Division.

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:

**Town of Hinton
Attention: Community Grant Program
2nd Floor, 131 Civic Centre Road
Hinton, AB T7V 2E5**