

POLICY: COMMUNITY SUPPORT PROGRAM

Department: Community Services
 Policy #CS-008

APPLICATION FORM

ORGANIZATION INFORMATION:

Legal Name of Organization	
Phone Number of Organization	
Mailing Address of Organization	
Physical Location of the Organization	
Email for Organization	
Societies Act Number (if applicable)	
Number of Active Members	

Has your organization completed an Electronic Funds Transfer form? **Yes** **No**

CONTACT INFORMATION:

Name	
Phone Number	
Position Held in Organization	
Mailing Address	
Email	

PURPOSE OF THE ORGANIZATION:

Brief Description of Organization's Purpose	
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PURPOSE OF THE APPLICATION:

Type of Funding Request	<input type="checkbox"/> Capital Total Amount requested: _____ <input type="checkbox"/> Operating Total Amount requested: _____
Provide a description of how the funds from the County will be used.	
Attach a Detailed budget for proposed project/activity. <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If final project/activity costs are unknown, please submit quotes/estimates, received to date, that support the work that is to be completed.	

FINANCIAL INFORMATION:

Have you included a copy of your most recent financial statement(s) that are reported to your respective board? **Yes** **No**

Has your organization applied for any other funding sources related to this application? **Yes** **No**
No If yes, please list the other funding sources:

Has your organization conducted any other fundraising projects? **Yes** **No**
If yes, please list the type of fundraising and how much was raised:

Has your organization applied for funding from the County in the past two years? **Yes** **No**
If yes, has your organization provided the municipality a final completion report? **Yes** **No**
(Note that a report is required before your application will be considered)

GRANT REPORTING

Within 3 months of the project completion, a report must be submitted to the County verifying expenditure of the grant. The report should include:

- Name of Organization
- A summary of actual expenditures of grant funds
- A short written description of activities
- Signatures of two members of the organization’s executive

I certify that the above information is true, to the best of my knowledge and that I, the applicant, meet the eligibility criteria for applying for this funding.

Signature of Applicant

Date

This personal information is being collected under the authority of the *Municipal Government Act* and will be used for administering the Community Support Program. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact Margaret Jones, Manager of Legislative Services, Beaver County, Box 140, Ryley AB T0B 4A0, telephone 780-663-3730.