



GRANT APPLICATION INSTRUCTIONS

Overview

Grant requests directed to the MD of Greenview must meet a number of criteria in order to be successful. Each application must contain all required information, include all applicable supporting documentation and be submitted on or prior to specified deadline.

The MD is committed to supporting sustainable activities that positively impact the ratepayers of the MD, and is faced with allocating a limited amount of resources among an ever growing list of applicants. This process is intended to help make the best use of limited funds.

You are **ineligible** to receive a grant if any of the following conditions exist:

- 1) You are not a registered charity or a registered not for profit society in active status.
- 2) The grant application is not complete.
- 3) A current financial statement is not included.
- 4) A detailed budget for the grant expenditure is not included.
- 5) A final report remains outstanding from a previous grant application.

Name of Organization

Full legal name of the organization as registered under Corporate Registries or the Societies Act. Organizations not registered or currently listed as inactive are ineligible for grants.

Mailing Address of Organization

This should include full address and postal code.

Contact Name(s)

First and last name of contact(s).

Contact Telephone Number(s)

Please include a phone with message capabilities, cell phone or work number if possible since most calls from the MD will come during the day.

Position Held

The person making the application should normally be a member of the executive of the organization or be specially appointed by way of motion.

Purpose of the Organization

Outline in a few sentences the purpose of the organization, including how long it has been in operation and its overall objective(s). Include an overall budget for the next year of operations.

Purpose of the Application

Outline in a few sentences what these specific funds would be used for and attach a detailed budget for the proposal. The outline should include the estimated number of participants/users impacted, other social or economic impacts of the application, cooperation with or funding from other groups and the impact on the organization/users if the grant is denied.

Past Financial Statements

Provide an approved copy of your most recent financial statements. Approval can be via signatures of two board members or as prepared by an accountant, based on your organizations legislated requirements.

Funding Sources that Denied this Application

List other funding sources applied to that denied this application.

Previous Grant and Reporting History (if applicable)

List the last two grants received from the MD, including purpose and amount. Please note that starting with the October 2010 application process, final reports **MUST** be filed with the MD within 90 days of completion of the grant expenditure. Failure to provide a final report will result in rejection of all future applications until applicable report(s) are filed.

Final Report Content

Within 90 days of the completion of the grant expenditure, a report must be filed with the MD verifying expenditure of the grant. This report should include:

- 1) Name of Organization
- 2) A summary of actual expenditures of grant funds compared to submitted budget
- 3) A short written description of activities, number of participants, successes etc.
- 4) Signatures of two members of the organization's executive



Municipal District of Greenview

Grant Application Checklist

- 1) Have all final reports from previous grant applications been filed?
- 2) Has the application been fully completed and signed?
- 3) Have you attached an overall budget for your organization for the next year?
- 4) Have you attached a detailed budget for the grant application?
- 5) Have you attached your approved financial statements for the last year available?
- 6) Have you attached other supporting documentation if applicable?
- 7) Is everything you provided clearly written and easy to understand?



Municipal District of Greenview #16
Box 1079 Valleyview, AB T0H 3N0
Phone: (780) 524-7600 Fax: (780) 524-4307

GRANT APPLICATION

Organization Information:

Name of Organization: _____

Address of Organization: _____

Contact Name and Phone Number: _____

Position of Contact Person: _____

Purpose of organization: _____

What act are you registered under? _____ Registration No. _____

Grant Information:

Total Amount Requested _____
Operating Capital

Proposed Project: _____

Operating costs are the costs of day-to-day operations.

Capital costs are costs more than \$2,500, which is not consumed in one year and/or those costs, which add value to property owned and operated by the organization.

FORM A **must** be filled out with **all** grant applications. Fill out FORM B for any capital requests.



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Additional Information:

Have you previously applied for grant from the M. D. of Greenview?

Yes _____ No _____

List the last two grants your organization has received from the M.D. of Greenview

1. Amount \$ _____ Year _____

Purpose: _____

2. Amount \$ _____ Year _____

Purpose: _____

Have you provided the M.D. of Greenview with a final completion report for grant funds received?

Yes _____ No _____

If no, why has the report not been filed?

Have you applied for grant funds from sources **other** than the M.D. of Greenview?

Yes _____ No _____

Have you received grant funds from sources **other** than the M.D. of Greenview?

If yes; who, purpose and amount?

Have you performed any **other** fund raising projects? If yes; what and how much was raised?



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By signing this application, I/we concur with the following statements:

- The organization applying for the grants is registered with Corporate Registries or under the Societies Act;
- The grant application is complete and includes all supporting documentation, including most recent financial statement (based on legislative requirements of our organization), balance sheet, current bank balances and current year detailed operating budget or completed Form "A".
- The grant shall be used for only those purposes for which the application was made;
- If the original grant application or purposes for which the grant requested have been varied by the M.D. of Greenview Council, the grant will be used for those varied purposes only;
- The organization will provide a written report to the M.D. of Greenview within 90 days of completion of the grant expenditure providing details of expenses, success of project and significance to the ratepayers of the municipality; failure to provide such a report will result in no further grant funding being considered until the final report is filed and grant expenditure verified;
- The organization agrees to submit to an evaluation of the project related to the grant, and;
- The organization will return any unused portion of the grant funds to the Municipal District of Greenview #16 or to request approval from the Municipality to use the funds for an optional project.

Applicant Information:

Name: _____

Signature: _____

Address: _____

Telephone Number: _____

Date: _____



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APPLICATION FOR GRANT
FORM A - OPERATING

REVENUE		Previous Year Actual 20__	Current Year Estimates 20__	Next Year Proposal 20__
1.	Fees			
2.	Memberships			
3.	Other income (please list)			
4.	Grants (please list)			
5.	Donations (please list)			
6.	Interest Earned			
7.	Miscellaneous Income			
	TOTAL REVENUE			
	(add up items 1-7)			
EXPENSES				
8.	Honourariums/Wages/Benefits			
9.	Travel Expenses			
10.	Professional Development			
11.	Conferences			
12.	Cleaning & Maintenance			
13.	Licensing Fees			
14.	Office Supplies			
15.	Utilities (phone, power, etc.)			
16.	Rent			
17.	Bank/Accounting Charges			
18.	Advertising			
19.	Miscellaneous			
20.	Capital Purchases (please list)			
	TOTAL EXPENSES			
	(add up lines 8-20)			
	NET BALANCE			
	(subtract Total Expenses from Total Revenue)			

Cash on Hand	\$ _____	Operating Loans	\$ _____
Current Account Balance	\$ _____	Other Loans	\$ _____
Savings Account Balance	\$ _____	Accounts Payable	\$ _____
Accounts Receivable	\$ _____		
Inventory to Dec 31, 20__	\$ _____		
Buildings	\$ _____		
Furniture/Fixtures	\$ _____		
Land	\$ _____		
Equipment	\$ _____		

*Please submit your organization’s most recent financial statement (based on your organizations legislated requirements) with the grant application.



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APPLICATION FOR GRANT
FORM B - CAPITAL

Purpose for Grant (please provide full description and detailed project budget);

Estimated Completion Date: _____

Quotes for Project (minimum of three quotes if available. Attach additional quotes if required):

1.

Amount \$_____
2.

Amount \$_____
3.

Amount \$_____

*Please submit your organization’s most recent financial statement (based on your organizations legislated requirements) with the grant application.