

TOWN OF MAYERTHORPE
Recreation Grant Application

A Grant Reporting form will be mailed with the grant allocation cheque upon approval.

Please return to: Town of Mayerthorpe at:

Box 420, Mayerthorpe, AB, T0E 1N0

Drop it off at the office located at 4911-52st, Mayerthorpe.

If you have any questions or concerns, please contact us at (780) 786-2416

Date: _____ Organization Applying For Grant: _____

Contact Name: _____ Position: _____

Address: _____

Phone Number: _____

PROJECT SUMMARY

To provide the Community Services Board with an overall summary of this grant application, using the space provided, please complete the following summary sheet.

Project Name: _____

Expected Completion Date: _____ (must be a specific date)

Focus of the Project: _____

Brief Description of the Project: _____

Total Amount of Funds Required: _____

Amount requested _____

Organization's contribution _____

Indicate when the funds would be required:

Indicate how the organization will raise its contribution:

Please describe your existing user fees

PROJECT DESCRIPTION

Project Name: _____

Focus of the project (after reviewing the following choices, please indicate the section title that your project fits under):

- a) Upgrading of existing recreation facilities, playgrounds, or parks :
- b) Provision of new facilities:
- c) Support for the operational cost of facilities;
- d) services designed to promote, encourage and support recreation programs in the community and/or surrounding area:
- e) Other recreation services

To avoid duplication of services, has your group researched if any other organization is currently offering this program or facility? If so, how does your project differ from existing services?

PROVINCIAL & PRIVATE FUNDING

1. Is your organization applying for any provincial funding for this project? This would include CFEP, Community Lottery Board, Wild Rose Foundation, or any other grant program that is available province-wide.

YES NO

If you answered NO, explain why you felt it wasn't appropriate to apply for provincial funding.

2. Has your organization applied for any private-sector subsidy for this project? If yes, please indicate which companies have been contacted regarding assistance.

Yes No Companies contacted _____

OVERALL PROJECTED BUDGET & FINANCIAL REPORT

Please complete the following budget information directly on this sheet:

PROJECTED BUDGET:

ACTUAL BUDGET:

Description:	Amount:	
EXPENSES:		
Staffing:		
_____	_____	
_____	_____	
_____	_____	
Supplies:		
_____	_____	
_____	_____	
_____	_____	
Other:		
_____	_____	
_____	_____	
_____	_____	
Total Expenses:	_____	
REVENUE:		
20% Matching Component:		
_____	_____	
_____	_____	
_____	_____	
Recreation GRANT:		
(must be not more than 80% of		
TOTAL EXPENSES		
Formula = Total Expenses x		
80%)		
Other Revenue:		
_____	_____	
_____	_____	
_____	_____	
Total Revenue:	_____	
Projected Profit:		
Revenue-Expenses =	_____	

Description :	Amount:	
EXPENSES:		
Staffing		
_____	_____	
_____	_____	
_____	_____	
Supplies:		
_____	_____	
_____	_____	
_____	_____	
Other:		
_____	_____	
_____	_____	
_____	_____	
Total Expenses:	_____	
REVENUE:		
20% Matching Component		
_____	_____	
_____	_____	
_____	_____	
Recreation GRANT		
_____	_____	
Other Revenue:		
_____	_____	
_____	_____	
_____	_____	
Total Revenue:	_____	
Actual Profit:		
Revenue-Expenses =	_____	

RECEIPTS AND INVOICES MAY BE REQUESTED

EVALUATION PROCESS

1. How will your group determine if the project purpose was fulfilled? (Example, have an evaluation form for participants, survey, etc.)

2. Who will be responsible for completion of the final report and providing the final financial information to our office:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

FINANCIAL RESPONSIBILITY DECLARATION:

Should our group be successful in obtaining Recreation funding, on behalf of _____ I, _____ declare that we will
(organization) (print name)

complete a written evaluation of the project within 120 days of the projected completion. I further understand that should our organization fail to complete the written evaluation or comply with all grant requirements, we would then be obligated to return the full amount of the grant.

We agree that all publicity will recognize the Mayerthorpe and Area Community Services Board.

Signature

Date

As Community Services Board meetings are held on Thursday evenings, grant applications **MUST BE RECEIVED AT THE TOWN OFFICE BY 4:30 P.M. ON THE MONDAY PRIOR TO THE THURSDAY MEETING. APPLICATIONS NOT RECEIVED BY THE DEADLINE MAY NOT BE CONSIDERED.**

A REPRESENTATIVE OF THE ORGANIZATION MUST ATTEND THE MEETING.

Final approval of the application is given by Mayerthorpe Town Council and the Lac. Ste. Anne County Council so please allow time for processing when considering the timelines for your proposal.

Please type your application when possible.