

Clear Hills County

Box 240, Worsley, AB, T0H 3W0

Phone: (780) 685-3925 Fax: (780) 685-3960

CAPITAL GRANT APPLICATION FORM

Deadline September 1

ORGANIZATION

Legal Name: _____

Incorporation/Act Registered Under: _____

Registration No: _____

Contact Person: _____

Phone No: (day) _____

(evening) _____

(fax) _____

Attach Certificate of Incorporation under the Societies Act _____

List of Executive: (On a separate piece of paper, provide a list of your current executive and/or board of directors, complete with names, positions/titles, addresses and phone numbers) _____

Financial Information: (Please attached previous year financial statements and current years proposed budget. Financial statements must include detailed list of funds currently held by organization.) _____

PROJECT

Project Description/Details: (On a separate piece of paper provide a detailed description of project, including the need for the project, who will use it, and why you believe it should be funded.) _____

Total Project Cost \$ _____
include GST)

(Attach a detailed breakdown of cost estimated for your project, do not

FUNDING

Capital Grant Requested

\$ _____ (Maximum request is the lesser of 50% of total project
(excluding GST) and \$25,000 Larger grants may be authorized by Council resolution)

Donated Labour / Services

_____ (Attach a detailed break down)

Donated Material / Equipment

_____ (Attach a detailed break down)

Other funding: _____

_____ (Attach a detailed break down)

Total Project Funding (excluding GST)

\$ _____ (This figure should be the sum of above figures and equal
to the total Project cost)

Have you received other grants from the County in the past 5 years? ___ Yes ___ No

If yes: Year _____ Amount _____ Project _____

Year _____ Amount _____ Project _____

(attach additional piece of paper if needed) _____

DECLARATION

I declare that:

- I am a duly authorized representative having legal and/or financial signing authority for the above organization.
- The information contained in the application and supporting documents is true and accurate and endorsed by the above organization.
- A financial accounting statement of expenditures will be submitted to Clear Hills County the earlier of 90 days after completion of the project and a year after receiving the funds.
- Clear Hills County will be advised when the project starts should funding be approved.
- As a condition of accepting financial assistance, the organization agrees to signing a dissolution agreement with the County.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE NO. (work) _____

(home) _____

DATE _____