

APPLICANT INFORMATION: Schedule A

Name of Organization:			
Name of President/Chair of Organization:			
Mailing Address of Organization:			
Town:		Province:	
Postal Code:			
Telephone No:		Cell Phone No:	
Email Address:		Website Address:	
Alberta Corporate Registry No:		Date of Incorporation:	
Provide a photocopy of registry	Yes	No	
If not available, why:			
Is your organization located within Town of Westlock:	Yes	No	
If no, where is the organization located:			
Cheque is made payable to:			

Contact person for application:			
Position:		Telephone No:	
Email address:		Preference of Communication:	email phone
Secondary contact person:			
Position:		Telephone No:	
Email address:		Preference of Communication:	email phone

PROJECT PLAN Schedule B

Name of Project:				
Date of Event:		Anticipated number of participants:		
Target Population: (please circle appropriate target)				
children/youth	adults	seniors	families	other
Please specify:				
Please circle the box that BEST describes the category of funding as per Grant Guidelines:				
Arts and Culture	Sport/Recreation	Community Development		
Is this the first time the organization has requested funding for this project?			Yes	No
Do you require assistance from the Town?			Yes	No
Specify.				
Will your event/project require road closures:			Yes	No
Attach documentation if required, including quotes for any expenditures to justify your Proposed Project Expenses (page 4).				
Location of the event in the community:				
Goals: (Please describe what you would like to achieve overall with this project. If more space is required attach documentation to this application)				
Financial Sustainability: Please explain how your organization plans to be sustainable after funding.				

Marketing of your project: What publications and media tools are you using to promote the project. (Please check box appropriate lines.)			
Brochures	Poster/Flyers	Information Booklets	Other
Local Newspapers	Website	Radio	Social Media
Westlock Town logo will be clearly displayed on marketing materials meeting corporate identity standards:		Yes	No
If no state reason:			
For logo information contact Economic Development at 780-350-2109 once grant approval has been given. Final design of logo on marketing material must be approved before printing has started.			
Resident Impact: Please describe how your event/project significantly impacts the residents of our community.			
Volunteers:			
Total # of volunteers		Total # of volunteer hours	
Roles of volunteers:			
Community Partnerships: please list below the project partnerships for this program/event			
Name:			
Their role in the program/event:			

PROJECT BUDGET Schedule C

Income	Proposed	
a) Community Grant Request		
b) Organization Funding		
c) Other Sources of Funding Received (Donations, etc.)		
d) Provincial/Federal Funding Received		
e) Earned Revenue from project/event (fees, admission, etc.)		
f) Sub-Total:		Total of a,b,c,d,e
g) Matched funding 50% of Community Grant Request (line a), must be provided by the Organization Funding (line b)		
h) Other Sources of Funding Applied for and not received		
i) In Kind from Organization		
j) Donated Material and Equipment, In Kind		
k) Town in Kind		
Project Income Total:		Total of f,i,j,k

Expenses	Proposed	
l) Contracted services		
m) Rentals		
n) Transportation		
o) Marketing Material		
p) Volunteer Expenses		
q) Event Insurance		
r) Other		
Project Expenses Total:		Total of

Note: If budget shows a surplus (excess of revenue over expenditures), a statement of intended use must be included in this application.

Declaration

I certify that to the best of my knowledge the information provided in this application is accurate and complete.

Applicant Signature	(Chairperson)	Date
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Applicant Signature	(Board Member)	Date
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Community Grants Application Final Report

Schedule D

Please note: This report must be completed and submitted within thirty (30) days of the event/program.

Final Report Checklist: has been completed

Project Summary
Partnership / Volunteer List
Financial Summary
Marketing material including media coverage provided

Name of Project:

Name of Organization:

Date Event:

Actual # of Participants: _____

Name of Contact Person for Final Report: _____

Signature: _____

Phone Number: _____

Date: _____

Under Section 38 of the Freedom of Information and Protection of Privacy Act, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Municipalities must comply with Section 39 and 40 when using and disclosing personal information.

Project Summary *(In 200 words or less summarize your project)*

If additional space is required please attach documentation to this report.

List of Partners	Their role in project
Actual # of volunteers	Actual # of volunteer hours
Volunteer's role in project:	

Financial Summary

Income	Proposed Revenue	Actual Revenue
Organization Funding		
In Kind Calculations		
Earned Revenue from Event		
Donated Material and Equipment		
Council Community Grant		
Total		

Expenses	Proposed Expenses	Actual Expenses
Contracted Services		
Rentals		
Transportation		
Marketing material		
Volunteer Expenses		
Event Insurance		
Other:		
Total		

Marketing Material & Media Coverage:		
Photocopies provided and attached to this report:	Yes	No
If no state reason:		



COMMUNITY GRANT PROGRAM CHECKLIST

1. THE APPLICATION

- ☐ Ensure there are two contacts
- ☐ Ensure that the grant funds requested are **MATCHED OR GREATER** to the amount funded by the Applicant for the event/program
- ☐ I have requested a dollar amount no more than \$2,500
- ☐ The Declaration is signed by a chairperson and a separate board member
- ☐ Keep a copy of the Final Reporting Documentation to submit within 30 DAYS of the event/program completion
- ☐ I have stated that I am a registered non-profit organization for a minimum of one year

2. I HAVE ATTACHED THE ADDITIONAL REQUIRED DOCUMENTATION:

- ☐ Most recent approved Society Annual Return from Service Alberta
- ☐ Current Year Financial Statements
- ☐ Completed Previous Final Reports, if applicable
- ☐ Any other documentation either required by the application dependent on the type of event/program, including additional information you feel would be beneficial to attach

3. OTHER

- ☐ I have reviewed and understand the Town of Westlock Policy No. P-76-2015 Community Grant Program

CHEAT SHEET INFORMATION:

Application Form: Pages 1 – 4: Initial Application

Supporting Documentation with Initial Application: Sample Financial statements and Sample Annual Return (highlighted information with red notes shows where to find certain information to fill in the Initial Application properly)

Application Form: Pages 5 – 7: Final Reporting Package to be provided with supporting documentation (AFTER funds are used and program/activity is complete)