



Application for Community Assistance Grant

This form is to be completed by eligible not-for-profit organizations to request funding assistance from the Municipal District of Fairview No. 136. If additional space is required, pages can be attached or a proposal can be created using Applicant's preferred format, provided that all requisite information is provided.

Applications must be completed and submitted, together with all required documentation, prior to **October 15** of the year prior to the funding year.

Submit completed applications to: **Municipal District of Fairview No. 136**
10957 – 91 Avenue, PO Box 189
Fairview, Alberta
T0H 1L0

E-mail: mdinfo@mdfairview.ab.ca
Attention: Department of Corporate Services and Finance

For further information, or for assistance completing an Application, please contact the Director of Corporate Services and Finance by telephone at: 780-835-4903.

Application Information

| | |
|----------------------------------|------------------------|
| Name of Organization: | |
| Mailing Address of Organization: | |
| Primary Contact: | Title: |
| Phone: | E-mail: |
| Alberta Registry No.: | Date of Incorporation: |

Community Assistance Funding Stream

| | |
|--|--|
| <input type="checkbox"/> Community Health and Wellness | <input type="checkbox"/> Event Sponsorship |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Sports League |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Recreation |

Funding Request

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| Amount of funding Requested: _____ |
| Date prior to which funding is required: _____ |

Proposed Use of Funds

Have you applied for, or already received, funding from Family and Community Support Services (FCSS)?
Any other organization or level of government? Yes No

If yes, provide details:

What is your proposed use of funds?

How will the proposed use of funds benefit or impact the Municipality's residents?

Demonstration of Financial Need

If your organization has a current operating surplus, operating reserves or unrestricted cash assets, explain what you plan to do with these funds:

If your organization has a current operating or accumulative deficit, explain how the deficit was acquired and your plan for reducing it.

Required Documentation

All applications for funding **must** include:

- Completed Application Form;
- Annual audited financial statements for prior year;
- Society Annual Return or proof of filing;
- A current list of Board of Directors with names and positions;
- Current year operating and capital budgets;
- Funding year operating and capital budgets (if approved prior to date of submissions);
- A detailed proposal of funding expenditures; and,
- Documentation demonstrating efforts to secure alternative funding.

Declaration, Acknowledgement and Agreement

By completing, executing and submitting the Community Assistance Grant Application, the Applicant declares, acknowledges and agrees as follows:

1. The Applicant has read, understands, and agrees to comply with the provisions of the Municipal District of Fairview No. 136's Policy CS01 – Community Assistance Grant and have sought clarification, where necessary.
2. Completion, execution and submission of a Community Assistance Grant Application in no way obligates the Municipal District of Fairview No. 136 to approve the Application and provide funding to the Applicant.
3. Should an Applicant's Application be approved and funding awarded, the Applicant shall comply with the terms and conditions herein, and will be required to enter into and comply a funding agreement, the terms and conditions of which are to be determined by the Municipality.
4. The Applicant will use all grant funding awarded for the stated purposes within its Application. If the Applicant wishes to vary the stated purposes, such revisions shall be requested by way of written submission of the same to Council for approval. If approval of the change(s) is/are not received, the balance of funding must be returned to the Municipality immediately.
5. The Applicant shall complete and submit written report(s) as required by the Municipality, which shall detail the outcomes achieved and provide a financial account of the funds expended. F
6. The Applicant shall ensure that any funds not expended by the Applicant as detailed in its Application or upon termination of any funding agreement are repaid to the Municipality.
7. A funding agreement may be terminated by:
 - a. Mutual consent;
 - b. 30 days written notice by either party;
 - c. Demand by the Municipality for immediate repayment in the event of a breach of any term or condition; or
 - d. If the Applicant becomes insolvent.
8. The Applicant will be liable to the Municipality, in accordance with the terms and conditions herein (and of any funding agreement, for the full amount of funding received, even if the Applicant has paid all or part of the funding to a third party who has spent the money.

9. The Applicant agrees to give the Municipality access to examine the Applicant's operation and/or premises to verify the funding has been used for the stated purposes and will provide access to all financial statements and records having any connection with the funding or the stated purpose(s).
10. The Applicant acknowledges that the *Freedom of Information and Protection of Privacy Act (FOIP Act)* applies to records submitted by the Applicant to the Municipality in relation to its Community Assistance Grant Application. These records may be disclosed in response to an access to information request under the *FOIP Act*, subject to any applicable exceptions to disclosure under the *FOIP Act*.
11. The Applicant agrees to indemnify and hold harmless the Municipal District of Fairview No. 136, including all councillors, employees and agents from any and all claims demands, actions and costs (including legal costs) for which the Applicant is legally responsible, including those arising out of negligence or willful acts by the Applicant or its employees or agents. Such indemnification shall survive the termination of this Agreement.
12. The Applicant represents and warrants that the signing representative is duly authorized to make the Application and is legally sufficient to bind the Applicant.
13. The Applicant certified that the information contained in this Application and all supporting documents is true, accurate, and endorsed by the Applicant.

Affixing a signature below indicates that the Applicant has read, understood and agreed to the terms and conditions detailed herein:

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|---|-------------------------------------|
| Name of Authorized Representative: | Title of Authorized Representative: |
| Signature of Authorized Representative: | Date: |

MUNICIPAL USE ONLY

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|----------------|-------|--------------|
| Date Received: | Time: | Received by: |
|----------------|-------|--------------|