



M.D. OF BONNYVILLE COMMUNITY ACTION GRANT APPLICATION

SECTION 1: APPLICANT INFORMATION	
Name of Organization:	
Mailing Address, Phone Number & Email:	
<p>Has the organization received any Community Action Grant funding in the past?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, in what year(s): _____</p> <p>Please indicate the type of grant the organization is applying for:</p> <p><input type="checkbox"/> Program/Event</p> <p><input type="checkbox"/> Capital Project</p>	<p>Community Organization Eligibility Criteria:</p> <p>Location where the organization is based out of:</p> <p><input type="checkbox"/> M.D. of Bonnyville</p> <p><input type="checkbox"/> Other: _____</p> <p>Organization must be either a registered:</p> <p><input type="checkbox"/> Not-For-Profit (No: _____)</p> <p><input type="checkbox"/> Charitable Organization (No: _____)</p> <p><input type="checkbox"/> Registered on: _____</p>
<p>Explain how the organization is sustainable:</p>	<p>Organization's primary mandate must be to provide at least one of the following within the M.D. of Bonnyville: (check all that apply):</p> <p><input type="checkbox"/> Sports</p> <p><input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> Arts</p> <p><input type="checkbox"/> Culture</p> <p><input type="checkbox"/> Community Wellness</p>
SECTION 2: PROJECT DETAILS	
<p>The project is to: (check all that apply):</p> <p><input type="checkbox"/> Host an event or program</p> <p><input type="checkbox"/> Retrofit an existing facility for a new use or purpose</p> <p><input type="checkbox"/> Renovate an existing facility</p> <p><input type="checkbox"/> Upgrade the facility's mechanical system</p> <p><input type="checkbox"/> Replace or provide equipment where that equipment supports a program or service and which has a lifespan of five years or more</p>	



If applying for a capital project, please indicate what the facility or equipment will be used for: (check all that apply)

- Sports and Recreation
- Arts and Culture
- Parks
- Community Wellness
- Other _____

If applying for an event or program, please indicate what the event or program will promote within the community: (check all that apply)

- Sport and Recreation
- Arts and Culture
- Community Wellness
- Other _____

Describe the event, program or project:

Describe the potential impact the event, program or project is expected to have on the community: (You may wish to include demographics who may be impacted, the level of community support and how the event, program or project will benefit the community)

Is the event, program or project receiving funding from another M.D. source?

- No
- Yes, explain the source(s) and what year(s) funding was received: _____

Start date of event, program or project:

Expected project completion date: _____

Proposed location of event, program or project:



Indicate any innovate, unique, or additional factors that may be associated with this application:

SECTION 3: PROJECT COSTS AND FUNDING

Total Costs for Program, Event or Project:
 \$ _____ Community Contribution/Fund Raising
 \$ _____ Amount requested from M.D.
 \$ _____ Total Project Cost

Sources of Community Contributions:
 \$ _____ In-kind labour (unskilled)
 \$ _____ In-kind labour (skilled)
 \$ _____ In-kind services
 \$ _____ In-kind equipment/materials
 \$ _____ Monetary donations
 \$ _____ Other grants (non M.D.)

Is there any shortfalls? (if yes, please explain)

Conditions of funding: (refer to policy)

- Volunteer time must be directly related to the project for which funding is being requested. Please see the Community Action Grant Policy for valuation of volunteer time and donations

SECTION 4: PROJECT BUDGET

Provide a detailed budget outlining event/project expenses and revenue.

SECTION 5: APPLICANT DECLARATION

I give my consent to the Municipal District of Bonnyville to collect, use, retain, disclose and dispose of the information contained within this application for the purpose of, but not limited to, operational and public media as may be deemed appropriate by the Municipal District of Bonnyville. I also certify that to the best of my knowledge the information provided in this application is accurate.

Applicant Signature: _____ Date: _____

Please submit the completed application by email to cmccord@md.bonnyville.ab.ca, by mail, or in person at the address below, to the attention of the Director of Parks, Recreation & Culture.

- Completed application form
- Confirmation of other sources of funding
- Letters of support from the community



For Office Use Only	
Date Received: _____	Decision Date: _____
Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	Staff Initial: _____

Space for additional information should it be required.