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## Municipal District of Bonnyville Community Association Operating Grant Application

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Community Association Name

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Mailing Address

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Postal Code

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Society Registration No.

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Date of Registration

### Contact Information

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President/Chairman

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Contact Person *(if different from President/Chairman)*

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Email Address

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Position

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Phone Number

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Email Address

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Phone Number

- I, the undersigned, hereby certify that I am an authorized signing official applying for the community association and that the information provided in this application is complete and accurate and is endorsed by the community association I represent. I acknowledge that any misleading information may result in this application being rejected.

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Name (please print)

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Signature

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Date

The collection of personal information on this document is governed by the Freedom of Information and Protection of Privacy (FOIP) Act as well as other provincial enactments. The M.D. has legal authority to collect information to assist in the operations of municipal programs and services. Should you have any questions or concerns regarding the content of this document, please feel free to contact our *FOIP Coordinator at the M.D. of Bonnyville, 4905 – 50 Avenue Bonnyville, AB T9N 2J7 P: 780-826-3171 F: 780-826-4524.*

Does your organization receive annual operational funding from any of the following?:

Municipal Government       Yes      Amount \$ \_\_\_\_\_

Provincial Government       Yes      Amount \$ \_\_\_\_\_

Federal Government       Yes      Amount \$ \_\_\_\_\_

Does your community association have a facility?     Yes     No

If yes, please indicate the number of times per year the facility is used:

Community Programs and Activities: \_\_\_\_\_

Rentals: \_\_\_\_\_

Briefly describe the type of activities that take place in your facility

Please indicate where your current operating shortfall is and why the funding is required

Does the association have funds elsewhere (i.e. reserves or other budgetary operating line items) in which it can utilize for this project?  Yes  No

If yes, please describe why these are not being utilized first:

Describe how the Association is working to remain self-sustaining. Also describe what initiatives are being taken to maintain and or develop relationships with existing and other contributing partners:

Please ensure to include all the below listed items:

- Constitutional documents  
*(Such as: Certificate of Incorporation, Articles of Incorporation, Memorandum of Association, or Articles of Association)*
- Previous Year's Financial Statement  
*(Including a list of any investments, guaranteed investment certificates, savings account(s) balances and grants in the last twelve months)*
- Current List of Board of Directors
- Annual General Meeting minutes
- Three-year sustainability plan

**Please submit your application in person or mailed to the M.D. Main Administration Office at 4905 – 50 Avenue, Bag 1010, Bonnyville, AB T9N 2J7 or via email to [communityfunding@md.bonnyville.ab.ca](mailto:communityfunding@md.bonnyville.ab.ca).**