



# APPLICATION Schedule "A"

## Community Grants to Non-Profit Organizations Policy #15-3

<b>DATE:</b>		<input type="checkbox"/> <b>March Application</b>  <input type="checkbox"/> <b>October Application</b>	Applications are due first Wednesday of March and October and can be submitted to Kneehill County by mail or delivered to: Kneehill County 1600-2 <sup>nd</sup> Street NE, Box 400, Three Hills, AB T0M 2A0
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<b>ORGANIZATION INFORMATION:</b>					
<b>Organization Legal Name:</b>					
<b>Society Registration Number:</b>					
<b>Contact Person:</b>					
<b>Telephone:</b>				<b>E-mail address:</b>	
<b>Mailing Address:</b> <small>(all correspondence and cheques will be mailed to this address)</small>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	

<b>PROJECT DESCRIPTION:</b>		
<b>Amount of Non-Profit Organizational Grant Funding Requested:</b> <small>Minimum \$500 grant funding and any funding requests over \$5,000 will require a presentation to Council.</small>		\$
<b>Please briefly describe the project:</b> <small>(Describe the event or activity and associated dates and timelines)</small>		
<b>Will this project be completed within the current year?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe how this project will benefit your Community and County:</b>		

<b>FINANCIAL INFORMATION:</b>			
Expenses	Total Cost of Project	\$	
Revenue	Kneehill County Contribution	\$	
	Organization's Contribution	\$	
	Confirmed Revenue Sources (i.e. grants/donations)	\$	
	Pending Revenue Sources (i.e./Applied for Grant and have not received approval)	\$	Notification Date of Pending Revenue
Total Revenue (must equal Total Cost of Project)		\$	
If you do not receive this grant, will the project take place? (circle one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Volunteers Involved:		Number of Volunteer Hours:	

<b>SIGNATURE:</b>		
(Please ensure that this section is signed by an authorized representative for your organization)		
On behalf of _____	I agree that, should Kneehill County provide grant funding:	
	1. The funds will only be used for the project outlined in this application 2. An accounting of the funding will be provided to Kneehill County within one year of the project approval.	
_____	_____	_____
<b>Name Printed</b>	<b>Signature</b>	<b>Date</b>

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive a Council grant. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and may become public information once it is submitted to Council during a Council meeting. Questions regarding the collection of this information can be directed to the FOIP Coordinator at 403-443-5541.