

COMMUNITY GRANT APPLICATION

Application Deadline is October 1st of each year

ORGANIZATION INFORMATION

Applicant Name:	Main Contact Name:
Mailing Address:	
Phone:	Fax:
E-mail:	

PROJECT INFORMATION

Name of Project:	
Project Description (Attach additional information if necessary):	
Identify what impact this project will have to the residents of the R.M. of Milton No. 292 and the surrounding area:	
Estimated schedule and date for project completion: (Attach additional information if necessary):	
Number of people that will benefit from the project:	
Total Estimated Cost of Project: \$ _____	Grant Amount Requested: \$ _____
Please provide any additional information that will assist in evaluating your project:	

A budget summary must be attached to your application form when submitted. Include one copy of the previous year's financial statement.

Deadline for eligible purchases is September 30 of each year.

If at any time during the project schedule, variations to the budget occur that will significantly impact the final cost, surplus or deficit, please contact the R.M. of Milton and provide a detailed account of the financial implications.

AGREEMENT

I, the undersigned, proclaim that the information provided is true and accurate to the best of my knowledge and is in compliance with the terms and conditions of the R.M. of Milton No. 292 Community Grant Program

Name of Applicant:	Date:
Signature of Applicant:	

Received by:	Date:
--------------	-------

R.M. OF MILTON NO. 292 COMMUNITY GRANT BUDGET SUMMARY

Organization Name:

Revenue	Amount Proposed	Follow-Up Actual
Cash Donations/Fundraising	\$	\$
Program Fees	\$	\$
In-kind Contributions (non-cash, please list)	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other Grants Received (please list)	\$	\$
1.	\$	\$
2.	\$	\$
Other Sources (please list)	\$	\$
1.	\$	\$
2.	\$	\$
Total Income (not including Community Grant Program funding)	\$	\$

Expenditures	Amount Proposed	Follow-Up Actual
Wages	\$	\$
Program Support/Material Cost	\$	\$
Facilities/Office Costs	\$	\$
Travel Costs	\$	\$
Advertising and Promotion	\$	\$
Other directly related expenditures (please list)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expenditures	\$	\$
Project Surplus/(Deficit) without Community Grant Program funding	\$	\$
Requested Grant Amount	\$	\$

This budget summary should show the entire eligible project revenue and expenses, not just the amount granted by the R.M. of Milton No. 292 Community Grant. Follow-up Actual must be completed and this form must be resubmitted with the Follow-Up Summary Report. Copies of receipts must be submitted with Follow-Up Summary Report. Any major changes in budget must be submitted and approved by the municipality prior to any expenditure.

COMMUNITY GRANT FOLLOW UP REPORT

Deadline for eligible purchases is September 30 of each year.

ORGANIZATION INFORMATION

Applicant Name:	Main Contact Name:
Mailing Address:	
Phone:	Fax:
E-mail:	

PROJECT INFORMATION

Name of Project:
Was your project successful in achieving the goals identified in your application? Please explain. If not, why? (Attach additional info if necessary.)
Date of completion for project. If ongoing, please specify.
Follow-up Report Completed by: (Please sign)
Date:

FOR OFFICE USE ONLY

Grant Number : _____ Resolution Number: _____

Date Application Received: _____

Application Completed in Full? Y / N

Date approved: _____

Amount (\$) Requested: _____ (\$) Approved: _____

Date of Cheque Requisition: _____

Date Follow-up completed: _____

Additional Information Required: _____

Eligible for Future Funding? Y / N