



Community Grant Application Form

Submission Deadlines: February 28, April 30, August 31, November 30

Completed applications must be received by 4:00 p.m. on the deadline day. Applications can be submitted in one of the following ways:

In Person: Morinville Community Cultural Centre, 9502- 100 Avenue, Morinville AB

Mail: Community Grant Application
c/o Community Services
10125-100 avenue,
Morinville AB T8R 1L6

Email: community@morinville.ca, subject line: Community Grant Application

Application Checklist

Appendix A Appendix B Photocopies of Societies Act/Registry (if applicable)

Letter of Support from Partners (if applicable) Appendix C (to be completed when initiative is complete)

I confirm that I have read & reviewed the Community Grant Policy and Administrative Directive

Applicant Signature

Date (mm/dd/yyyy)

Office Use Only

Date Received (mm/dd/yyyy)

Council Date (mm/dd/yyyy)

Arts/Culture

Sports/Recreation

Community Development

FCSS

Application Reviewed by

Appendices A & B

Appendix C

Signed original documents

Meets financial criteria

All supporting documentation included

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Act) and will be used for the purpose of administering the Town's Community Grant Program. The information will be protected in accordance with the Act. If you have questions about the collection of information, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 780-939-4361.

Appendix A: Application Form

Applicant or Organization Name:			
Mailing Address:			
Town:	Province:	Postal Code:	
Telephone #:		Cellphone #:	
Email Address:		Website Address:	
Primary contact:			
Position:			
Email Address: <small>(if different then above)</small>		Contact #: <small>(if different then above)</small>	
Are you a registered charity or not for profit		Yes	No
If yes, please provide a copy of your registration			
Has this Applicant or Organization recieved Community Grant funding in the past?		Yes	No
If yes, what year(s) was funding provided?			
Please check the box that BEST describes the funding category as per Community Grant Administration Directive section 2.0			
Arts & Culture	Sport/ Recreation	Community Development	Family and Community Support Services
Date(s) of the intiatiue being applied for:			
Location of intitiatue:			
Target Population (please check all that apply)			
Youth (0-17)	Adults (18-54)	Older Adult (55+)	Families
Will there by volunteers involved?		Yes	No
If so, how many (estimate)?		Estimated total volunteer hours	
Will this application involve partnerships with other community orgnaizations?		Yes	No
If so list the partners:			
Please provide letters of support from these community partners up to a maximum of 2 letters			

Please provide a brief summary of the initiative that will be ventured with this grant.

Please provide a detailed explanation on how this initiative will enhance the quality of life for Morinville residents. Please include measurable outcomes that this initiative hopes to attain.

What publication and media tools might you be using to promote this application? (please check all that apply)

Brochures	Posters/Flyers	Informational Booklets	Social Media
Local Newspapers	Website	Radio	Other

Successful applicants are required to acknowledge Morinville in all promotional material as per Section 3.10 of the [Community Grant Policy](#).

All marketing must be in accordance with the Town of Morinville's corporate identity standards.

Applicants must contact Morinville's Corporate Communication Department at 780-939-4361 for instructions

Details of logo use can also be found at <https://www.morinville.ca/en/town-hall/branding.aspx>.

Appendix B: Budget

Revenue	Proposed	
	Community Grant	Applicant
Applicant Funding		
Earned Revenue		
Sponsorships or Donations		
Community Grant		
Total		
Combined Revenue Total		
Expenses	Proposed	
	Community Grant	Applicant
Transportation expenses		
Tournament/Event expenses		
Accommodation expenses		
Program supplies		
Volunteer expenses		
Marketing expenses		
Contracted Services expenses		
Facility Rental expenses		
Capital expenses		
Specialized Equipment		
Total		
Expense Total		

Note: Applicant revenue must be equal or greater than the grant funding revenue. Expense Total should be equal to or greater than Revenue Total. If cheque payment information is different from Applicant information, please indicate.

Declaration

I certify that to the best of my knowledge the information provided in this application is accurate and complete at the time of submission.

Applicant Signature

Date (mm/dd/yyyy)

Witness Signature

Date (mm/dd/yyyy)



Community Grant Application

Appendix C: Final Report

Please note: This report must be completed and submitted within 60 days from the last day of the application period.

Final Report Checklist - please ensure to include the following:

Completed Appendix C

Copies of all marketing and promotional materials (including media coverage)

Applicant or Organization Name:	
Primary Contact completing final report:	
Actual Initiative date(s):	
Actual # of volunteers:	Actual # of volunteer hours:
If your initiative involved any community partners not listed in the original application, please list them here and summarize their involvement.	
Was the grant used in the way described in the initial application? If no, please describe how it was used and why it changed.	

Please provide a summary of the measurable outcomes achieved as described in your initial application. If your outcomes were not met, please provide an explanation.

Budget Summary

Income	Proposed Revenue	Actual Revenue
Applicant Funding		
Earned Revenue		
Sponsorships or Donations		
Community Grant		
Income Total		
Expenses	Proposed Expenses	Actual Expenses
Transportation expenses		
Tournament/Event expenses		
Accommodation expenses		
Program Supplies		
Volunteer expenses		
Marketing expenses		
Contracted Services expenses		
Facility Rental expenses		
Capital expenses		
Specialized Equipment		
Expense Total		

Note: Surplus budget amounts must be returned to Morinville up to the total amount of the grant recieved

Declaration

I certify that to the best of my knowledge the information provided in this application is accurate and complete at the time of submission.

Applicant Signature

Date (mm/dd/yyyy)

Witness Signature

Date (mm/dd/yyyy)