



**REQUEST FOR FUNDING – COUNCIL DONATIONS & GRANTS**  
**Application Form**

**APPLICANT INFORMATION**

Legal Name of Organization/Individual (*must match provincial records*):

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Common Name of Organization/Individual (*if different from legal name*):

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**Mailing Address of Applicant Organization/Individual:** \_\_\_\_\_

**\*\* All correspondence and cheques will be mailed to this address.**

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT OVERVIEW**

**Activity / Event Type (please check one)**

- Hosting a Regional, Provincial, National or International Event
- Community Special Event or Celebration
- Organization/Group Start-up Costs
- Travel to a Regional, Provincial, National or International Event
- Other: Specify \_\_\_\_\_

Project Name: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

**Description of request:** (use back of form if more space is required) \_\_\_\_\_

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How will you acknowledge support from the County of Northern Lights?

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Did you approach any other organizations about funding?  Yes\*  No

Did you approach the North or South Recreation Boards for funding?  Yes\*  No

\*If yes, did you receive funding from them for this project, event or activity? Yes\*\*  No

\*\* What was the Amount received? \_\_\_\_\_

## PROJECT BUDGET

Please list sources of revenue and anticipated expenses for the activity /event.

### Revenues:

Applicant Fund-raising: \_\_\_\_\_

Applicant Contribution: \_\_\_\_\_

Other Grants/Donations: \_\_\_\_\_

In-kind Contributions: \_\_\_\_\_

Other: \_\_\_\_\_

Application Amount: \_\_\_\_\_

### Expenditures

Transportation: \_\_\_\_\_

Accommodations: \_\_\_\_\_

Contracted Services: \_\_\_\_\_

Food: \_\_\_\_\_

Administration: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Revenue:** \_\_\_\_\_

**Total Expenditures:** \_\_\_\_\_

Revenues & Expenditures must match.

### Please Submit Applications To:

County of Northern Lights

600 – 7<sup>th</sup> Ave NW, Box 10

Manning, AB T0H 2M0

Fax: 780-836-3663

[cao@countyofnorthernlights.com](mailto:cao@countyofnorthernlights.com)

The personal information collected on this form is collected for the purpose of determining eligibility for the applicant to receive support for an event or activity. The information is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information should be directed to the above address.

### For Administrative Use Only:

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Funding Approved: No  Yes

Amount approved for: \$ \_\_\_\_\_

Funding Type: Donation  or Grant

Council Motion #: \_\_\_\_\_

Department (for budget purposes): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



Appendix B

**County Grants  
Benefits and Accomplishments Project Report**

Project Name:		Phone number:
Project Applicant:		
Person Reporting: (name, email)		
Date of Completion:		

**Part A – Report on Accomplishments**

Activities	
<ul style="list-style-type: none"><li>List (or attach a separate document) of activities completed by the Applicant in relation to the Project</li></ul>	Project Activities:

**Part B – Financial Report** (Note: All documentation and calculations used to determine the Eligible Costs, *including without limitation copies of the relevant invoices and receipts must be attached*). See **Appendix 1 for financial spread sheet.**

**Part C: Additional Comments** (e.g. what was the outcome of the project, the benefits to the community or user group, the community response etc.)

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**Part D: County of Northern Lights Acknowledgement:** Please indicate below how the County has been acknowledged or will be acknowledged in the future.

The County would appreciate pictures of the process if available to use for the County Newsletter. Please email them to: [adminassist@countyofnorthernlights.com](mailto:adminassist@countyofnorthernlights.com).

