



Joint Council Funding Application Form

Only completed application forms will be accepted.
Enter N/A where applicable.



Group Name:

Contact Name:

Mailing Address:

Phone Number:

Email Address:

1. Description of your project or reason you are applying for funding:

2. Amount Requested:

3. Do you qualify for FCSS?

Yes

No

4. If not, why? Is so, how?

5. Latest Year End Financial Statements. For new organizations, provide most recent statement.

Attach

6. Budget Report- funding year and previous year.

Attach

<p>7. General purpose and objectives of your organization.</p>	
<p>8. What are the benefits of your organization to our community?</p>	
<p>9. Does your organization have a Youth and/or Seniors component? Please elaborate.</p>	

<p>10. Explain how the proposed project/service does not duplicate other project/services in the community.</p>	
<p>11. Indicate percent of your project's revenue budget that is dependent on this grant.</p>	
<p>12. Did you receive funding through the Joint Funding process last year? If so, was the project completed? Where all Grant funds expensed? If not, explain. Attached proof (pictures/budget sheet).</p>	
<p>13. Indicate how often you have requested and been provided with Council grants and the amounts received.</p>	

14. What other sources of revenue are you pursuing and for what projects?	
15. If the Councils do not provide total funds requested, can you complete the project?	
16. How many volunteer hours are anticipated for this project? How are volunteers utilized?	
17. What are your organizations' accomplishments over the past 2 years?	

18. Your organization primarily serves the needs of residents of the Town of Pincher Creek (T), the Municipal District of Pincher Creek #9 (MD), Cowley (C), or Other (O).	T <input type="checkbox"/> MD <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/>
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19. Please provide additional relevant information you would like to provide.	
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Completed applications can be returned to the MD of Pincher Creek No 9 Administration Office located at 1037 Herron Avenue, via mail to Box 279, Pincher Creek, Alberta T0K 1W0, fax to 403-627-5070 or e-mail to info@mdpincercreek.ab.ca. Please call the MD Office at 403-627-3130 should further information or clarification be required.

Application Deadline: September 13, 2017