



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

Application Deadline: September 14, 2016

<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>	

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

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"/>
--	--

19. Please provide additional relevant information you would like to provide.	
---	--

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 14, 2016