Mackenzie County 2024 GRANT APPLICATION PACKAGE

Applicant li	nformation						
Legal name of	of organization:						
☐ Society	ciety						
Permanent	Address						
Street Addres	SS:						
P.O. Box:	Box: Province:						
City:	: Postal Code:			ode:			
Incorporation	/Society Number:						
Date of Incorporation:		Length of time in operation:		ation:			
Organizatio	on Contacts						
Contact for th	nis application Mr./Mrs	./Ms.:					
Title:							
Telephone (w	vork):	Home:		Fax:			
Email:							
List of executives: Please attach a list of your current executives and/or board of directors, complete with names, positions/titles, address and phone numbers (home and work).							
Organizatio	onal Profile						
Number of pa	aid staff	Number of paid full-ting	me	Number of paid part-time			
Number of vo	olunteers	Number of clients ser year	ved last	Geographical region served			
Are executive	e or board members p	aid: 🔲 Yes 🗀	l No				



Facility						
Name of facility						
Street address or legal desc	ription:					
Registered holder of land titl	le:					
Facility operator/leaseholder	r:					
Do you have insurance cover	erage? 🛘 Yes 📮	☐ Yes ☐ No				
Past Grants						
In the past year, has your or	ganization received a gr	ant from Mackenzie County?				
☐ Yes, if yes continue below ☐ No						
Date	Amount	Project Description				
Project Information:						
Nature of project #1:						
D : () : () () ()						
for this project, who will use		description of the work to be carried out, the need t should be funded.				
Grant amount requested:		Total project cost:				
Project start date:		Project completion date:				
(Rounded to the nearest dol	lar) Please attach a brea	akdown of cost estimated for your project.				



Nature of project #2:					
Project description/details: please attach a detailed description of the work to be carried out, the need for this project, who will use it, and why you believe it should be funded.					
Grant amount requested:	Total project cost:				
Project start date:	Project completion date:				
(Rounded to the nearest dollar) Please attach a bre	eakdown of cost estimated for your project.				
Nature of project #3:					
Project description/details: please attach a detailed description of the work to be carried out, the need for this project, who will use it, and why you believe it should be funded.					
Grant amount requested:	Total project cost:				
Project start date:	Project completion date:				
(Rounded to the nearest dollar) Please attach a breakdown of cost estimated for your project.					

Nature of project #4:					
Project description/details: please attach a detailed description of the work to be carried out, the need for this project, who will use it, and why you believe it should be funded.					
Grant amount requested:	Total project cost:				
Project start date:	Project completion date:				
(Rounded to the nearest dollar) Please attach a breakdown of cost estimated for your project.					
If additional Project funding is requested, please attach additional pages					

Deadline

Deadline for applications is **4:30 p.m. Monday**, **October 16**th, **2023**. Late applications will not be accepted.

The personal information collected in the application cover sheets is for the administration of the Mackenzie County's grant process. The information you provide is to assist the administration with processing your organization's application and may only be disclosed as provided for in the Freedom of Information and Protection of Privacy Act. If you have any questions after reading this section, please contact the municipality's FOIPP coordinator at (780) 927-3718.



Application Attachments (Mandatory)

Please ensure that the following items are included with the application or indicate expected submission date.

This page must be included with your application submission.

Check if included		Expected submission date		
	Last years' financial statements, audited if available;			
	Operating budget for the year of financial request;			
	Current year to date financial information;			
	Societies act registration number;			
	Proof of insurance coverage;			
	Detail of matching resources, including volunteer hours and any provincial/federal grants, fundraising;			
	Purchasing policy/procedure;			
	Honorariums and expenses paid to Executive or Board members;			
	List of Directors;			
	Completion or progress report on all previously approved projects;			
	List of all programs offered.			
Upon completion of your project, you agree to provide Mackenzie County with a Completion/Progress report on all approved projects including costs and back up to cost if requested.				
Sign	ature Title			