

# Mackenzie County 2025 GRANT APPLICATION PACKAGE

## Applicant Information

Legal name of organization: \_\_\_\_\_

Society     Non-profit company or corporation     Other

## Permanent Address

Street Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Province: \_\_\_\_\_

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

Incorporation/Society Number: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Length of time in operation: \_\_\_\_\_

## Organization Contacts

Contact for this application Mr./Mrs./Ms.: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone (work): \_\_\_\_\_ 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).

## Organizational Profile

\_\_\_\_\_  
Number of paid staff                      Number of paid full-time                      Number of paid part-time

\_\_\_\_\_  
Number of volunteers                      Number of clients served last                      Geographical region served  
year

Are executive or board members paid:     Yes     No

**Facility**

Name of facility \_\_\_\_\_

Street address or legal description: \_\_\_\_\_

Registered holder of land title: \_\_\_\_\_

Facility operator/leaseholder: \_\_\_\_\_

Do you have insurance coverage?  Yes  No

**Past Grants**

In the past year, has your organization received a grant from Mackenzie County?

Yes, if yes continue below  No

Date	Amount	Project Description
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**Project Information:**

Nature of project #1:

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 #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 breakdown 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. Tuesday, October 15<sup>th</sup>, 2024.**

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.

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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.

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Signature

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Title