



## **Community Association Capital Grant Application – 2019**

### **Guidelines**

#### **Eligibility for Funds**

**Includes but is not limited to the following:**

- a) Provides services to the residents of the M.D.**
- b) Actively seeking other sources of funding**
- c) Able to provide proof of financial responsibility**
- d) Evidence of need for service or project**
- e) Evidence of clear goal and expected outcomes**
- f) Plan for sustainability**
- g) Fits with Community Services and M.D. Council priorities**

#### **Eligible Expenses**

- a) Maintenance**
- b) Renovations**
- c) Retrofitting**

#### **Exclusions for Eligibility**

- a) Applications from individuals**
- b) Activities restricted to specific (religious or ethnic) groups**
- c) Fund raising**
- d) Expenses related to events**

#### **Please provide the following documents:**

- 1. 2017 financial statement including balance sheet and income statement.**
- 2. Detailed project budget, including total cost**
- 3. Detailed project summary**
- 4. Copies of project quotes. Estimates to complete the project**
- 5. Documented proof of funding dollars**
- 6. Current AGM Meeting Minutes**

## **A. Community Association Grant Conditions**

- a. In the event that the funds are not used for the project as described in the application, or if there are misrepresentations in the application, the full amount of the financial assistance may be payable forth with to the Municipal District.
- b. The Municipal District will be notified of any changes in the funding of the project that differ from the original application.
- c. The Community Association will keep proper accounts of receipts and expenditures relating to the project and provide a report of how the funds were spent.
- d. The Community Association will make available for inspection by the Municipal District or its auditors all records and accounts of the Community Association upon request from the M.D. An audited statement may be required.
- e. If the project proposed in the application is not commenced or completed, and there remains M.D. funds on hand; or the project is completed without requiring full use of the funds; such funds will be returned to the M.D. through the Director of Finance.
- f. Upon completion of the project, a site visit will be conducted by the Director of Community Services or an appointed delegate to ensure that the project was completed as proposed. This site visit will be followed up by the Director of Community Services with a report to Council.

## Community Association Capital Grant Application - 2019

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

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

\_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print

### **B. Community Association Capital Grant – for Projects total cost between \$25,000 - \$250,000**

Total grant being applied for \_\_\_\_\_

- 1) Have you previously applied for funds from the M.D. of Bonnyville?  
Yes No  
If so, when? \_\_\_\_\_
  
- 2) Please provide a detailed description of your project (attach additional pages if necessary)
  
  
  
  
  
  
  
  
  
  
- 3) Please describe how your project will enhance the Municipal District of Bonnyville (attach additional pages if necessary)
  
  
  
  
  
  
  
  
  
  
- 4) How was the need for this project determined?
  
  
  
  
  
  
  
  
  
  
- 5) Please describe the impact to your organization if funding is not received.
  
  
  
  
  
  
  
  
  
  
- 6) List any other funding sources that have been contacted and any funds received towards this project.

**7) How will you measure and evaluate the benefit of your project?**

**8) Please list other municipal services requested as grants-in-kind such as equipment, staff support.**

**C. For Associations with Community Halls**

Amount of Matching MD of Bonnyville Grant Requested (choose A or B)

A – 45% of total project costing between \$25,000 to \$50,000 \_\_\_\_\_

B – 40% of total project costing between \$50,001 - \$250,000 \_\_\_\_\_

C – Community Hall contribution 5% or 10% of total project \_\_\_\_\_

D – Provincial Government (other) grant 50% of project costs \_\_\_\_\_

Total Project Cost (A or B) + C + D \_\_\_\_\_

**D. For Associations without Community Halls**

Up to \$5000 to be matched on a 50/50 basis \_\_\_\_\_

In providing the above information, I hereby declare its accuracy and truthfulness and any misleading information may result in our application being rejected.

\_\_\_\_\_  
President or Association Chair

\_\_\_\_\_  
Date of Application

Please drop off the completed application and all required attachments to the Municipal District Office or email to: [cmccord@md.bonnyville.ab.ca](mailto:cmccord@md.bonnyville.ab.ca)