

**Municipal District of Bonnyville**  
**Community Action Grant Application**

Organizations Name

Mailing Address

Postal Code

Society Registration No. *(if applicable)*

Date of Registration

**Contact Information**

President/Chairman/Owner

Contact Person *(if different from President/Chairman)*

Email Address

Position

Phone Number

Email Address

Phone Number

- I, the undersigned, hereby certify that I am an authorized signing official applying for the community association and that the information provided in this application is complete and accurate and is endorsed by the community association I represent. I acknowledge that any misleading information may result in this application being rejected.

Name *(please print)*

Signature

Date

The collection of personal information on this document is governed by the Freedom of Information and Protection of Privacy (FOIP) Act as well as other provincial enactments. The M.D. has legal authority to collect information to assist in the operations of municipal programs and services. Should you have any questions or concerns regarding the content of this document, please feel free to contact our *FOIP Coordinator at the M.D. of Bonnyville, 4905 – 50 Avenue Bonnyville, AB T9N 2J7 P: 780-826-3171 F: 780-826-4524.*

**Please ensure to include a cover letter addressed to the M.D. of Bonnyville outlining the project scope, cost, and amount being requested.**

Please indicate the level of funding being applied for, only one level may be applied for per applicant, per year:

**Events and Programs**  Yes Amount \$ \_\_\_\_\_  
*Maximum possible \$5,000*

**Minor Capital Projects**  Yes Amount \$ \_\_\_\_\_  
*Maximum possible \$5,000*

**Moderate Capital Projects**  Yes Amount \$ \_\_\_\_\_  
*Projects from minimum \$5,001 to maximum \$25,000*

**Major Capital Projects\***  Yes Amount \$ \_\_\_\_\_  
*Projects from minimum \$25,001 to maximum \$200,000*

**\*Major Capital Projects** require the eligible applicant to have minimum 50% matching funds and to give a presentation to Council on their request.

Total funding being applied for: \$ \_\_\_\_\_

Have you previously applied for funds from the M.D.?  Yes  No

If yes, when? \_\_\_\_\_

Have you or will you be receiving the Community Associations Operating Grant this year?

Yes  No

(1) Please provide a detailed description of your initiative *(attach additional pages if necessary)*

(2) Please describe how your project will enhance the M.D. *(attach additional pages if necessary)*

(3) Please describe the impact to your community association if funding is not received.

(4) Please describe any other groups or organizations who will be partnering or collaborating on this initiative

- (5) List any other funding sources that have been contacted and any funds received towards this initiative.

- (6) Please provide the names of the organizations you have obtained quotes from for this project and attach copies to this application. *(minimum of 3 quotes required)*

- (7) Please provide a detailed Project budget. *(i.e. breakdown of all expenses and revenue sources, attach additional pages if necessary)*

Please ensure to include all the below listed items:

**Constitutional Documents**

*(Such as: Certificate of Incorporation, Articles of Incorporation, Memorandum of Association, or Articles of Association)*

**Previous Year's Financial Statement**

*(Including a list of any investments, guaranteed investment certificates, savings account(s) balances and grants in the last twelve months)*

**Current List of Board of Directors**

**Annual General Meeting Minutes**

Please submit your application:

1. in person at the M.D. Main Administration Office at 4905 – 50 Avenue, Bonnyville
2. via email to [communityservices@md.bonnyville.ab.ca](mailto:communityservices@md.bonnyville.ab.ca)
3. via mail to

**Municipal District of Bonnyville No. 87  
Bag 1010  
Bonnyville, AB T9N 2J7  
Attn: Parks, Recreation and Culture**

If you have any questions or require assistance completing the application, please contact the Planning & Community Services Department at 780-826-3171.