



2010 Quality of Life Grant Program Application Form

***** Please read the Application Information Package before completing this Application Form *****

LEGAL NAME OF ORGANIZATION: _____

INCORPORATION / ACT REGISTERED UNDER: _____ **REG. NO.:** _____

CONTACT PERSON: _____

MAILING ADDRESS: *To which ALL correspondence regarding this application is to be sent - including cheques*

TOWN: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE NUMBERS _____ **WORK:** _____ **HOME:** _____

FAX NUMBER: _____ **EMAIL:** _____

ARE YOU APPLYING ON BEHALF OF AN OTHERWISE "INELIGIBLE" GROUP? No Yes

If yes, what is the name of the group? _____

Reason for ineligibility: _____

HAVE YOU RECEIVED FUNDING FROM THE QUALITY OF LIFE GRANT PROGRAM FOR PREVIOUS PROJECT INITIATIVES?

No Yes Include Year(s) _____

NAME OF PROJECT: _____ **PROJECT START DAY:** _____

TOTAL PROJECT COST: \$ _____ Please attach a breakdown of cost estimates.

NOTE: You will be required to provide a detailed break-down of costs after project completion.

PROPOSED METHOD OF FUNDING

QUALITY OF LIFE GRANT REQUESTED \$ _____

DONATED LABOUR AND SERVICES \$ _____

DONATED MATERIAL AND EQUIPMENT \$ _____

CASH \$ _____

OTHER GRANT FUNDING \$ _____

TOTAL PROJECT FUNDING \$ _____

This figure should be the sum of the above figures and be equal to the Total Project Cost.

I DECLARE THAT:

- **I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE-MENTIONED ORGANIZATION.**
- The information contained in this application and supporting documents is true and accurate and endorsed by the above-mentioned organization.
- An accounting of spending, showing compliance with conditions of the grant shall be provided (including a project assessment and financial accounting summary) no later than three months following the project completion date.
- Any grant awarded shall be used solely for the purposes stated within this application and according to program parameters.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the Town of Hinton Corporate Services Department.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

PHONE NO: (W) _____ (H) _____

DATE: (day/month/year) _____

Of submission



**PLEASE COMPLETE THE FOLLOWING CHECKLIST
AND INCLUDE ANY SUPPORTING DOCUMENTATION**

Project Description and Ability to Manage Project: (MAXIMUM OF 3 PAGES)

NOTE: If your application is approved you will be required to report the outcome of your project and provide a financial accounting statement.

1. **Project Description:** Provide a detailed description of the project, event or promotional activity including how the project achieves the overall grant mission. Project details should include a statement of the demonstrated benefit that the project will provide the residents of Hinton. This statement may include information on:
 - Process used to identify a need for the project
 - How many people will be positively affected and how
 - Cost-benefit expressing value or usefulness of the project
 - Evaluation tools to be used to determine the impact of the project, both immediately and long term
 - Degree of duplication/enhancement (if any) of the project or activity with others currently in the community
 - Special considerations that deserve merit
2. **Ability to Manage Project:** Provide a detailed description regarding the ability to complete the project successfully, ability to raise funds in addition to those requested from this grant and a list of previously managed projects or activities. In addition, the management ability can also be demonstrated through:
 - Organizations stability as shown in financial statements
 - Qualifications of the managing personnel or volunteers
 - Project plan to manage matching components and the total project

Project Budget

1. **Project Cost:** Provide details regarding expenditures for your project. Wherever possible, successful applicants are encouraged to purchase products and materials in Hinton.
2. **Method of Funding:** A complete breakdown of all donated labor/services, donated materials/equipment and source of cash amounts are attached. Note: equipment/services/material/equipment MUST be directly related to the project that funding is being applied for. Valuation of volunteerism and donations is based on:
 - a. \$10.00/hour for unskilled labor
 - b. \$25.00/hour for skilled labor
 - c. Donated materials and professional services at verified fair market value; and,
 - d. Donated heavy equipment, including operator costs \$50.00/hour.
3. **Other Grant Funding:** A list (detailing type of grant, source and amount) of all other grant funding which has been applied for or approved for this project is attached.

Financial Statement: Attach your organization's latest financial statement. Please ensure the statement is dated and signed.

List of Executives: Attach a list of current executive and/or board of directors, complete with names, positions/titles, addresses and phone numbers (home and work).

Society Documentation: Please provide documentation on your current society status.