



Enhancement Grant Application

Legal Name of Organization:

Incorporation/Act Registered Under (if applicable):

Registration Number:

Mailing Address:

Daytime Phone:

Evening Phone:

Fax:

E-Mail Address (if applicable):

Website Address (if applicable):

PART "A" - ORGANIZATION INFORMATION

1. WHAT IS THE MANDATE/PURPOSE OF YOUR ORGANIZATION? PROVIDE VISION, MISSION, GOALS AND OBJECTIVES.

2. HAS YOUR ORGANIZATION RECEIVED FUNDING FROM THE ENHANCEMENT GRANT PROGRAM FOR PREVIOUS PROJECTS, EVENTS OR PROMOTIONAL INITIATIVES?

YES

NO

IF YOU ANSWERED YES, INCLUDE YEAR(S):

PART "B" - PROGRAM INFORMATION

Project Name:

Enhancement Grant Request:

Request: Project Start Date:

Project End Date:

1. PROVIDE INFORMATION ABOUT THE PROPOSED PROJECT (Include the following details: activities, strategies, timelines, goals, outcomes, etc.):

2. PROVIDE THE TOTAL NUMBER OF RESIDENTS THAT THE PROJECT WILL SERVE.

3. LIST THE PROJECT'S OUTCOMES.

4. HOW MANY VOLUNTEERS WILL BE INVOLVED IN THE PROJECT?

5. WHAT IMPACT WILL THIS PROJECT HAVE ON YOUR ORGANIZATION?

6. WHAT IMPACT WILL THIS PROJECT HAVE ON THE COMMUNITY?

PART "C" - PROJECT BUDGET

PROVIDE A COMPLETE BUDGET FOR YOUR PROPOSED PROJECT.

(Reminder: Approved projects must be completed within one year of the grant approval date.)

Include all sources of revenue and all expenditures. Please place an **ASTERISK** beside the expenditure line items that you are requesting to be funded through this Enhancement Grant Program, and indicate if revenue has been confirmed by placing a **CHECK MARK** in the confirmed column if it has been confirmed.

REVENUE:

Line Item	Amount	Source	Confirmed

EXPENDITURES:

Line Item	Amount	Source	Enhancement Grant

PART "D" - FUNDING RECOGNITION

Should your organization receive funding from the Enhancement Grant Program, how will the Town of Whitecourt's contribution be recognized (i.e. verbally, in promotional materials)? *Should the organization choose to recognize the Town of Whitecourt in printed materials, the Town will provide an electronic file which includes the Whitecourt logo for use in promotions.*

PART “E” - SET OF ATTACHMENTS FUNDING APPLICATION

Please clip these attachments to your application:

Current list of agency Board of Directors (use attached template)

Most recent agency audited financial statements and management letter

Most recent Annual Report OR minutes of the last Annual General Meeting

PLEASE SUBMIT TWO SINGLE-SIDED COPIES OF YOUR APPLICATION.

Please note that funding applications cannot be emailed, as we require an original with two signatures.

- **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 90 days 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 Whitecourt.

Signature of Duly Authorized Representative

Signature of 2nd Duly Authorized Representative

Printed Name

Title

ATTACHMENT #1
Board of Members and Executives

Name	Board Position	Years on Board	Occupation/Skills (that member brings to Board)

Date that Board last met:

Last Annual General Meeting: