

Community Grant Application Form

Submission Deadlines: February 28, April 30, August 31, November 30

Completed applications must be received by 4:00 p.m. on the deadline day. Applications can be submitted in one of the following ways:

In Person:	Morinville Community Cultural Centre, 9502- 100 Avenue, Morinville AB			
Mail:	Community Grant Application c/o Community Services 10125-100 avenue, Morinville AB T8R 1L6			
Email:	community@morinville.ca, subject line: Community Grant Application			
Application (Checklist			
Application Photocopies of Societies Act/Registry (if applicable)				
Letter of Support from Partners (if applicable) Final Report (to be completed when initiative is complete)				
I confirm that I have read & reviewed the Community Grant Policy and Application Guidelines.				
Applicant Sig	nature Date (mm/dd/yyyy)			
Office Use Or Date Receive	d (mm/dd/yyyy) Council Date (mm/dd/yyyy)			
Arts/Cu	Community			
Application R	Support Services Seviewed by			
Applica Meets f	ition Final Report Signed original documents inancial criteria All supporting documentation included			
The personal inform	-			

Application Form

Submission title:						
Applicant or Organization Nan	ne:					
Mailing Address:						
Town:	Province:		Postal Code:			
Telephone #:		Cellphone #	one #:			
Email Address:		Website Address:				
Primary contact (for grant purposes):						
Position:						
Email Address: (if different then above)			Contact #: (if different then above)			
		_				
Are you a registered charity or			Yes	No		
If yes, please provide a copy of	your registration	n				
Has this Applicant or Organizat	ion received	Г				
Community Grant funding in th	e past?	L	Yes	No		
If yes, what year(s) was funding	g provided?					
Please check the box that BEST Community Grant Administrati			gory as per			
Arts & Sport/ Culture Recrea	′	Commu	·	amily and Community Support Services		
Date(s) of the initiative being a	pplied for:	•				
Location of initiative:						
Target Population (please check all that apply)						
☐ Youth (0-17) ☐ Adu	lts (18-54)] Older Adu	lt (55+)	☐ Families		
Will there by volunteers involve	ed?		Yes	No		
If so, how many (estimate)? Estimated total volunteer value:				er value:		
Will this application involve partnerships	with other communi	ty organizations?	Yes	No		
If so list the partners:						
Please provide letters of support t	from these comm	nunity partner	rs up to a maxir	num of 2 letters		

Please provide a brief	summary of the initiative that v	vill be ventured with this gr	rant.		
	led explanation on how this init ts. Please include measurable o		-		
What publication and	media tools might you be using	to promote this application	n? (please check all that apply)		
Brochures	Posters/Flyers	Informational Booklets	Social Media		
Local Newspapers	Website	Radio	Other		
Successful applicants are required to acknowledge Morinville in all promotional material as per Section 3.10 of the Community Grant Policy. All marketing must be in accordance with the Town of Morinville's corporate identity standards. Applicants must contact Morinville's Corporate Communication Department at 780-939-4361 for instructions					
Details of logo use can also be found at https://www.morinville.ca/en/town-hall/branding.aspx .					



Budget

Total Grant amount requested	:	
Expenses		
	Community Grant	Applicant Contributions
Transportation expenses	·	
Tournament/Event expenses		
Accommodation expenses		
Program Supplies		
Volunteer expenses		
Marketing expenses		
Contracted Services expenses		
Facility Rental expenses		
Capital expenses		
Specialized Equipment		
In-Kind		
Total		
	Declaration	
certify that to the best of my kn	owledge the informatio	n provided in this application i
accurate and complete at the tin	ne of submission.	
applicant Signature	Date (mm/dd/yyyy)	
Witness Signature		Date (mm/dd/yyyy)