

Submission Deadlines: February 15 and August 15

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 Signature

Date (mm/dd/yyyy)

Office Use Only

Date Received (mm/dd/yyyy)

Council Date (mm/dd/yyyy)

- Arts/Culture Sports/Recreation Community Development Family & Community Support Services

Application Reviewed by

- Application Final Report Signed original documents
- Meets financial criteria All supporting documentation included

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Act) and will be used for the purpose of administering the Town's Community Grant Program. The information will be protected in accordance with the Act. If you have questions about the collection of information, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 780-939-4361.

Application Form

Submission title:			
Applicant or Organization Name:			
Mailing Address:			
Town:	Province:	Postal Code:	
Telephone #:		Cellphone #:	
Email Address:		Website Address:	
Primary contact (for grant purposes):			
Position:			
Email Address: <small>(if different then above)</small>		Contact #: <small>(if different then above)</small>	
Are you a registered charity or not for profit		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a copy of your registration			
Has this Applicant or Organization received Community Grant funding in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what year(s) was funding provided?			
Please check the box that BEST describes the funding category as per Community Grant Administration Directive section 2.0			
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Sport/ Recreation	<input type="checkbox"/> Community Development	<input type="checkbox"/> Family and Community Support Services
Date(s) of the initiative being applied for:			
Location of initiative:			
Target Population (please check all that apply)			
<input type="checkbox"/> Youth (0-17)	<input type="checkbox"/> Adults (18-54)	<input type="checkbox"/> Older Adult (55+)	<input type="checkbox"/> Families
Will there be volunteers involved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how many (estimate)?		Estimated total volunteer value:	
Will this application involve partnerships with other community organizations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so list the partners:			
Please provide letters of support from these community partners up to a maximum of 2 letters			

Please provide a brief summary of the initiative that will be ventured with this grant.

Please provide a detailed explanation on how this initiative will enhance the quality of life for Morinville residents. Please include measurable outcomes that this initiative hopes to attain.

What publication and media tools might you be using to promote this application? (please check all that apply)

Brochures <input type="checkbox"/>	Posters/Flyers <input type="checkbox"/>	Informational Booklets <input type="checkbox"/>	Social Media <input type="checkbox"/>
Local Newspapers <input type="checkbox"/>	Website <input type="checkbox"/>	Radio <input type="checkbox"/>	Other <input type="checkbox"/>

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

Revenue

Total Grant amount requested:	
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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

I certify that to the best of my knowledge the information provided in this application is accurate and complete at the time of submission.

Applicant Signature

Date (mm/dd/yyyy)

Witness Signature

Date (mm/dd/yyyy)



Community Grant Application

Final Report

Please note: This report must be completed and submitted within 30 days from the initiative end date.

Final Report Checklist - please ensure to include the following:

- Completed Final Report
- Copies of all marketing and promotional materials (including media coverage), receipts

Applicant or Organization Name:	
Primary Contact completing final report:	
Actual Initiative date(s):	
Actual # of volunteers:	Actual volunteer value:
If your initiative involved any community partners not listed in the original application, please list them here and summarize their involvement.	
Was the grant used in the way described in the initial application? If no, please describe how it was used and why it changed.	

Please provide a summary of the measurable outcomes achieved as described in your initial application. If your outcomes were not met, please provide an explanation.

Budget Summary

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		
Total Grant Used		

Declaration

I certify that to the best of my knowledge the information provided in this application is accurate and complete at the time of submission.

Applicant Signature

Date (mm/dd/yyyy)

Witness Signature

Date (mm/dd/yyyy)