



## Support Application Form

Applications can be submitted in one of the following way:

In person: Morinville Community Cultural Centre, 9502- 100 Avenue, Morinville AB

Mail: Community Grant & Support Application  
c/o Community Services  
10125-100 avenue  
Morinville AB T8R 1L6

Email: [community@morinville.ca](mailto:community@morinville.ca), subject line: Support Application

### Application Checklist:

- Application
- Photocopies of Societies Act/Registry (if applicable)
- Letter of Support from partners (if applicable)
- Final Report (to be submitted when initiative is completed)

I confirm that I have read and reviewed the Community Grant and Support Policy and Application Guidelines.

Applicant Signature

Date

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### Office Use Only

Date Received (mm/dd/yyyy)

Does application meet eligibility as per Application Guideline?  Yes  No

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

Check this box once the Final Report is received

Date forwarded to Community Services Manager (mm/dd/yyyy)

Date forwarded to CAO (mm/dd/yyyy)

**Application Form**

<b>Submission Title:</b>		
<b>Applicant or Organization Name:</b>		
<b>Mailing Address:</b>		
Town:	Province:	Postal Code:
Telephone:		Cell Phone:
<b>Email:</b>		<b>Website:</b>
<b>Name of Primary Contact for application purposes:</b>		
Position:		
Email (if different than above):		Telephone (if different than above):

Are you a registered charity for not for profit:  Yes  No

If yes, copy of your registration is attached:  Yes  No

Has this applicant or organization received Support Funding in the past?  Yes  No

If yes, what year(s) was funding provided?

Please check the box that BEST describes the funding category as per the Community Grant and Support Administrative Directive section 2.0:

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

Date(s) of the initiative being applied for:
Location of initiative:
Target Population (check all that apply): <input type="checkbox"/> Youth (0-17) <input type="checkbox"/> Adults (18-54) <input type="checkbox"/> Families <input type="checkbox"/> Older Adults (55+)
How many volunteers will be involved and their estimated hours:
Please list any partnerships with other community organizations (attached up to 2 letters of support):

**Please provide a brief summary of the initiative that will be ventured with the funds. Please add if this is an emergent initiative.**

**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.**

**Please describe the plans for the long-term sustainability of this initiative and the potential long-term impact of the initiative on the community.**



**Acknowledgement and Branding Requirements for Grant Recipients**

Successful applicants are required to acknowledge Morinville in all promotional material as per Section 3.10 of the Community Grant and Support 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>.

**Please describe how you will be acknowledging the Town of Morinville to promote this initiative. Please include all publications and media tools you will be using.**

**Expenses**

	<b>Support Funds</b>	<b>Applicant Contributions</b>
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		
Fundraising		
Total		

**Total Support amount requested (cannot exceed \$5000):**



**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.

I agree to submit a final report within 30 days from the initiative end date. The final report template will be sent upon approval of the Support funding.

I acknowledge that any modifications to the proposed initiative outlined in this application require prior approval from the Town of Morinville. Failure to obtain approval may result in a request for reimbursement of funds disbursed.

I acknowledge that by applying for this Support funding, I am ineligible to concurrently apply for the Community Grant. However, in the event of non-approval of this application, I reserve the right to submit an application for the Community Grant.

**Applicant Signature**

**Date**

*The information on this form is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Town of Morinville Community Grant and Support program. If you have any questions, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 10125 100 Avenue, Morinville, Alberta, T8R 1L6 or (780)939-4361.*