



RM of Lac du Bonnet Community Grant or In- Kind Support Application Form 'A'

Applicant Information

Name of organization

Primary Contact Person

First Name Last Name

Secondary Contact Person

First Name Last Name

Phone Number

Area Code Phone Number

Fax Number

Area Code Phone Number

Email

Mailing Address

Street Address

City

Zip Code

Social media presence (if applicable)

Type of Support Requested

Program 1(a) - Community Group Operations Grant
Program 1(b) - Program Initiative In-Kind Grant
Program 2 - Multi-Government Funding Support
Program 3 - Capital Acquisition Support Grant
Promotional Items

If requesting a monetary donation or grant, please indicate the amount:

If requesting a monetary donation or grant, please describe the proposed allocation of funds and the benefit to the community resulting from the grant that will be met if the monetary donation or grant is approved:

If requesting in-kind support, please indicate the nature of the support required:

Did you receive funding or in-kind support from the Rural Municipality of Lac du Bonnet last year?

If so, what amount was received and for what project?

Was a follow-up report submitted?

YES

NO

If requesting promotional items, please describe what type of items you would like:

Project Plan - only fill out if applying for Program 1(b)

1: Please describe the project, activity, service, event, sponsorship, or cause that the Community Grant or in-kind support will be used for. If planning an event, please provide the name, date, description, and location. If requesting organizational funding, describe the organization and its goals.

2: Explain how the project, activity, service, event, sponsorship, cause, or organization will benefit for the RM of Lac du Bonnet and how does it address the need within the Rural Municipality of Lac du Bonnet

3. What goals, outcomes, or results do you expect the project, activity, service, event, sponsorship, cause, or organization will achieve? For example: it will enhance recreation / social opportunities in the area.

4: Please list the groups or people involved in the project and their corresponding roles and experience.

5: If you receive support from the RM, in what ways will you publicly recognize the RM?

Additional Information

Please submit and attach any additional information with your application.

For projects, activities, services, events, sponsorships, or causes:

Complete project budget that outlines total project cost and lists all expenses and anticipated revenues

Additional project/event information available (i.e. brochure, project plan, presentation, etc.)

Projected annual budget

Signatures and Conditions

We, the undersigned, agree that the information contained within this application is accurate and complete. If we/our organization receive funding or in-kind support from the RM of Lac du Bonnet, we agree to the conditions set out below. Authorized Signatures required.

Signature

Signature

Date

Date

Conditions:

1. Support received from the RM of Lac du Bonnet will be used strictly for the purposes outlined in the application. In the event that the funds cannot be used for purposes described in the application, or if there are misrepresentations in the application, the full contribution will be returned to the municipality.
2. The funding/in kind support recipient will complete and submit the required follow up report and financial information related to the project by January 1st of the following year.
3. The funding/in kind support recipient must retain complete financial information including proof of all receipts and expenditures related to the project and will make information available for inspection upon request from the municipality.