

**TOWN OF HIGH RIVER  
APPENDIX A  
APPLICATION FOR FUNDING  
POLICY POL-08-104-05**

Personal Information provided on this funding application is protected by the privacy provisions of the Freedom of Information & Protection of Privacy Act. If you have any questions please contact the FOIPP Coordinator for the Town of High River.

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Organization:

- Municipal
- Incorporated Society-Registration Number
- Professional Corporation/Limited Company
- Non Profit Organization
- Other – Please Specify

Type of Program or service delivered by the group:

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Program or service the funds will be utilized for:

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Date(s) and approximate time(s) of program or service delivery:

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Premises from which the program or service delivery is made:

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Describe how the group's programs or services are distinct or unique from any other similar programs or services already provided in the community. Collaboration is also a significant factor as unique and creative partnerships which combine resources to provide services may be a more effective use of funding.

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Has the group previously received funding from the Town of High River? (specify dates and amounts)

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Attach any additional information that would be beneficial in this application.

**AUTHORIZATION FOR APPLICATION**

WE CERTIFY THAT: all information and documents supplied are correct, and the group has authorized us to make this application. Examination and copies of all records pertaining to this application may be made to facilitate the processing of this application. Financial statements will be provided no later than two months after completion of the project or two months after the organizations year end, whichever comes first. All unused funds must be returned to the Town of High River. All conditions must be satisfied before any further applications will be considered.

President Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**LIST OF ELECTED EXECUTIVE**

Group Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**PRESIDENT** Term Expiry Date(mm/dd/yy) \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**VICE-PRESIDENT** Term Expiry Date(mm/dd/yy) \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TREASURER** Term Expiry Date(mm/dd/yy) \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECRETARY** Term Expiry Date(mm/dd/yy) \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EXECUTIVE** Term Expiry Date(mm/dd/yy) \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Budget for Requested Funds**

**Estimated Revenues for the project from all sources ( ie: grants, entrance fees, vendor fees, donations, sales, sponsorships, etc)**

Source	Budgeted Income
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

**Estimated Expenses**

Item	Budgeted Expense
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

**TOWN OF HIGH RIVER  
APPENDIX B  
FUNDING ACCOUNTABILITY  
POLICY POL-08-104-05**

**Policy POL-08-104-05 States:**

Each of the defined groups shall be subject to the following conditions relative to their funding request;

- i. An Income & Expense Statement for the project that funds were applied for.
- ii. A paragraph explaining how the funds were expended.
- iii. The report is due within two months following the organizations year end or within two months of the project completion, whichever comes first.
- iv. All conditions must be satisfied before any further applications will be considered.

***This report must be signed by two executive officers of the group.***

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Revenues for the project (include all sources of funding, grants, fundraiser, donations, FCSS Community Grants, Town Grants, etc.).**

	Source	Budget	Actual	Variance
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
Total	_____	_____	_____	_____



