



## TOWN OF HIGH RIVER POLICY

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<b>Policy Number:</b>	<b>POL-08-104-05</b>
<b>Policy Title:</b>	Funding Accountability Policy
<b>Related Procedure Number:</b>	N/A
<b>Related Procedure Name:</b>	N/A
<b>Approval Date:</b>	July 16, 2007
<b>Revision Date:</b>	July 18, 2011
<b>Policy Category:</b>	Corporate Governance
<b>Responsible Department:</b>	Corporate Services

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### Policy Statement

That all organizations requesting public funds be treated equally and be accountable for use of public funds.

### Reason for Policy

- Streamline the process for organizations requesting funding.
- Accountability for the allocation of public funds.
- To ensure that all organizations are subject to the same funding conditions.

### Related Information

- Town of High River Corporate Support Policy, POL-08-103-XX.

### Appendices

- Appendix A - Application for Special Funding
- Appendix B – Funding Accountability

### Responsibilities

- The Director of Corporate Services is responsible to ensure that the criteria of this policy are met.

### Exclusions

- Support requests included in the Corporate Support Policy, POL-08-103-XX

## Definitions

1. **Partners:** means Organizations which work closely with the municipality to provide services that are supported by the Town of High River on an ongoing basis. This may include organizations such as museums, recreation facilities and programs, libraries, transportation providers, regional partnerships, tourism and preventative organizations. These organizations may have received funding from the Town of High River in the past and continually work together to provide services to the community.
2. **Corporate Support Organizations:** means organizations which are included on the Corporate Support List. (See Corporate Support Policy POL-08-103-XX)
3. **Occasional Support:** means organizations that apply on an as needed basis for funding or grants/facility use in lieu of funding. Organizations such as foundations, charities, committees and community groups. Typically these groups would receive one-time funding.

## Policy Criteria

Each of the defined groups shall be subject to the following conditions relative to their funding request. Administration, and ultimately Council, shall decide which group the organization belongs to.

The criteria for each of the groups shall be as follows:

1. *Partners:* Funding shall follow the Town budget cycle, which runs for the calendar year. The Town budget process for the upcoming year begins in June and all applications from “Partners” shall be received before September 30<sup>th</sup>.
  - a. *Application for Funding:* The application will include an Income & Expense Statement for the project applied for, a Business Plan for the project that the funds are requested for and a written narrative stating the benefits to the community. **See Appendix A, “Application for Funding”**. The Application for Funding will also include the Funding Accountability report for the previous years’ funding.

- b. *Funding Accountability Reporting:*
  - i. An Income & Expense Statement for the project that funds were applied for. **See Appendix B, “Funding Accountability”.**
  - ii. A narrative explaining how the funds were expended. **See Appendix B, “Funding Accountability”.**
  - iii. The Funding Accountability report is due with the next years Application for Funding.
  - iv. All conditions must be satisfied before any further applications will be considered.
  
- c. Any surplus funds generated by the organization be placed in a reserve and held by the organization. These funds then may be used for capital or operational projects as approved by Council
  
- 2. Corporate Support Organizations: Organizations requesting funds are required to follow the conditions as described in the Corporate Support Policy POL-08-103-XX. Unless specified by Council, there will be no additional requirements for the application and reporting process.
  
- 3. Occasional Support: Organizations requesting “Occasional Support” shall follow the Town budget cycle, which runs for the calendar year. The Town budget process for the upcoming year begins in June and all applications shall be received before September 15<sup>th</sup>.
  - a. *Application for Funding:* The application will include a Income & Expense Statement for the project applied for, a Business Plan for the project that funds are requested for and a written narrative stating the benefits to the community. **See Appendix A, “Application for Funding”.**
  
  - b. *Funding Accountability Report:*
    - i. An Income & Expense Statement for the project that funds were applied for. **See Appendix B, “Funding Accountability”.**
    - ii. A narrative explaining how the funds were expended. **See Appendix B, “Funding Accountability”.**
    - iii. The report is due within two months of the project completion.
    - iv. Any unused funds must be returned to the Town
    - v. All conditions must be satisfied before any further applications will be considered.

## End of Policy

## Approval

This policy shall come into force and effect upon adoption by Council at a Regular or Special Meeting of Council.

Adopted by Council as Resolution #317/2007 at the Regular Meeting of Council held on July 16, 2007

Adopted by Council as Resolution #113/2008 at Regular Meeting of Council held on March 10, 2008.

Council resolution #195/2008 directed the Funding Accountability Forms be attached to CP-1305 and were received for information and that the forms be distributed to appropriate organizations to make them aware of the requirements.

September 14, 2009 Regular Meeting of Council  
Resolution #269/2009

March 8, 2010 Regular Meeting of Council  
Resolution #093/2010

July 18, 2011 Regular Meeting of Council  
Resolution # 317/2011

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MAYOR/DEPUTY MAYOR

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TOWN MANAGER/  
DIRECTOR OF CORPORATE SERVICES

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DATE

**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	_____	_____	_____	_____



