

NOT-FOR-PROFIT EMERGENCY SUPPORT FUND

Application Form

Submit completed applications to: Town of Peace River, Community Services Department
 Box 6600, 9911 – 100 Street
 Peace River, AB T8S 1S4
 phone: (780) 624-1000 fax: (780) 624-4664
 email: communityservices@peacerriver.ca

For assistance with completing your application, please contact the Community Services department at (780) 624-1000.

The personal information collected on this form is collected for the purpose of determining eligibility for the applicant to receive support for an event or activity. The information is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information should be directed to the FOIP Coordinator at the address noted above.

FOR OFFICE USE ONLY		
Date received	Time	Received by
Reviewed by		

Part A • Applicant Information

Name of Organization	
Name of President/Chair	
Mailing Address of Organization	
Phone No	Email
REQUEST (\$):	

What have you done to address the problem, prior to this request for funding support?

Prevention

Please describe how your organization will prevent or reduce the risk of this issue occurring again.

Financial Sustainability

Please explain how your organization is financially impacted by this issue. What is your financial situation and why do you need assistance?

Community Impact

Please describe what you do or offer that is important to the community. How does your organization impact the community of Peace River?

Part C • Budget

INCOME (please list all sources of revenue for your organization)	AMOUNT
Cash available:	
Grant Revenues:	
Reserves:	
Donations:	
Contributions from other governments (municipal, provincial, federal):	
In-kind contributions	
Total Income:	

EXPENSES (please list all expenses)	AMOUNT
Total Expenses:	
FINANICAL REQUEST TO THE TOWN OF PEACE RIVER	\$

Grant Checklist: application must include (please initial boxes)

- A completed proposed budget showing all income sources and expenses.
- Additional materials to support your application have been submitted, if any. (I.e. quotes, receipts, pictures)
- Application meets the criteria of the Policy.
- I understand that personal information on the application (names, phone numbers, emails) will be part of the public information provided to the Board.
- I understand that the Applicant must complete the Final Report within sixty days of the project.
- Organization’s Financial Statements from current year.
- Listing of current board members.

Declaration

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

Applicant Signature (Chairperson)

Date

Part D • Evaluation Criteria, Scoring and Ratios

This section to be completed by Community Services Board

	Evaluation Criteria	Scoring	Score
1. How foreseeable was the issue?	Very – Lack of planning by the organization. Possible – there was little foresight or planning Not – No possibility of foreseeing this issue.	High • 1 Medium • 3 Low • 5	
2. Public Need – related to the services of the organization	Community at Large – general need, broad-based Multiple Interests – some need, a number of areas/communities Vested Interest – special interest group(s), localized	High • 5 Medium • 3 Low • 1	
3. Public Benefit of the organization.	Public Interest – all residents/communities may derive benefit Mixed Interest – some residents/communities derive benefit Private Interest – specific residents/communities benefit	High • 5 Medium • 3 Low • 1	
4. Funding – Actual or Attempted	High – applicant has secured or demonstrated attempt to secure other funding Some – some success securing or demonstrated attempt to secure other funding Low – limited success securing or demonstrated attempt to secure other funding	High • 5 Medium • 3 Low • 1	
5. Financial Dependence	High –has reserve balance(s) deemed adequate to internally fund request Moderate – have made requests for town funding previously Low – new request	High • 1 Medium • 3 Low • 5	
6. organization planning efforts to reduce future issues	High – Organization planning is in place to reduce future risk. Moderate – starting to plan to address None – No consideration of reducing future risk.	High • 5 Medium • 3 None • 1	

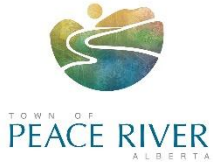
Total Score:

Additional considerations:

Following the evaluation process, the Community Services Board may weigh additional factors that will be considered in the determination of final approval.

- Is the organization newly formed?
- Are they a long-term organization?
- Has there been significant turnover or change in the organization?

Part E



**Non-Profit Emergency Fund
Final Report**

Name of Organization	
Name of Contact Person for Application	
Final report prepared by	Date

Summary

Please summarize how the issue was addressed. – attach other documentation as required.

