

Grants to Organizations Application Form

Submission Deadlines

Deadline for the grant intake dates: by March 15, June 15, and September 15.

Submit completed applications to: Town of Peace River, Corporate Services Department
 Box 6600, 9911 – 100 Street
 Peace River, AB T8S 1S4
 phone: (780) 624-2574 fax: (780) 624-4664
 email: info@peacriver.ca

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

Your organization’s grant application and supporting documentation will be made publicly available on the Council meeting agenda where Council reviews and awards applications. Only your personal information (e.g. signature, personal mailing address or phone number) will be redacted.

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.

Late or incomplete applications will NOT be accepted.

NAME OF ORGANIZATION:		
EVENT/PROJECT NAME:		
AMOUNT REQUESTED: \$		
FOR OFFICE USE ONLY		
Date received	Time	Received by
Reviewed by		

Council Strategic Plan Goals: application must identify which goal applies to your project (please check all that apply)

- Foster a safe community.
- Building a socially connected community.

- Building a physically connected community.
- Expand relationships with local Indigenous Partners
- Grow investment in Peace River.
- Enhance a downtown that people want to visit.
- Ensure that everyone who wants to can find a home in Peace River.
- Reduce the Town's impact on the environment.
- Ensure that the Town of Peace River remains a sustainable and vibrant municipality.

Please explain how your project will achieve the goal identified above.

Part A • Applicant Information

Name of Organization	
Name of President/Chair	
Mailing Address of Organization	
Phone No	Email

Is your organization a registered not-for-profit or charity: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alberta Registry No	Date of Incorporation

Contact person for application	Position
Telephone No	Email

Preference of communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	
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Secondary contact person	Position
Telephone No	Email
Preference of communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	
Are you able to attend or present your application at a Council meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attendance at a meeting to answer questions will greatly assist Council's decision in providing funding for your organization, event, or activity.</i>	

Part B • Project Plan

Name of Project	
Date of event	Anticipated number of participants
Target Population: <input type="checkbox"/> Children/Youth <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Families <input type="checkbox"/> Other	

Funding Category (please refer to Section 3.2 for categories)

Application Intake: <input type="checkbox"/> March 15 th <input type="checkbox"/> June 15 th <input type="checkbox"/> September 15 th
Please identify the funding Category:
Recreation/Sport Development <input type="checkbox"/>
<u>Or</u>
Community Development <input type="checkbox"/>
Is your project a Capital request: <input type="checkbox"/> Yes <input type="checkbox"/> No

Is this the first time the organization has requested funding for this project/event? Yes No
Do you require in-kind support from the town? Yes No
The Town may be able to provide in-kind support (materials, personnel, equipment, etc.) based on availability, location, and other factors. Please contact Town Staff at (780) 624-2574 to discuss options around these resources. The financial request of these in-kind services must be identified on Part C of this application.
Location of event/activity or project in the community

Goals

Please describe what you would like to achieve overall with this event/project. If more space is required, attach documentation to this application.

Financial Sustainability

If applicable, please explain how your organization plans to be sustainable after funding.

Marketing of your project/event

What publication and media tools will you be using to promote the event/project?

- Brochures
- Posters/Flyers
- Information Booklets
- Social Media
- Local Newspapers
- Website
- Radio
- Other

The Town of Peace River logo is to be clearly displayed on marketing materials meeting corporate identity standards. A logo will be provided, once grant approval has been confirmed. For logo information contact the Communication Coordinator at (780) 624-2574.

Final approval of logo on marketing material must be received from the Town before printing.

Community Impact

Please describe how your program/event significantly impacts the ratepayers of the community.

Community Partnerships

Please list community partnerships for this program/event, and their role.

Note: The Town does not waive rental, licensing, permitting, or other application fees.

Grant Checklist: application must include (please check boxes)

- A completed and signed original application form (Parts A, B, and C).
- A completed proposed budget showing all income sources and expenses.
- Additional materials to support your application have been submitted (if any).
- Application meets the criteria of the Policy.
- Organization's Financial Statements from current year.
- Listing of current board members.

Please initial your agreement to the terms of the Council Grants to Organizations.

I understand that the application and supporting documentation will be part of the public information provided to Council and only my personal information such as mailing address, phone number, email address, and signature will be removed. I understand that any such information relating to the organization will not be removed. I understand that the applicant must complete the Final Report within sixty days of the project/event.

I understand that if funding is awarded and the project does not proceed, the organization must return the funds to the Town of Peace River.

Declaration

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

Applicant Signature (Chairperson)

Date

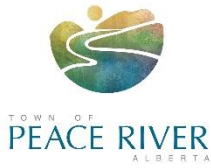
Part D • Evaluation Criteria, Scoring and Ratios

This section to be completed by staff.

	Evaluation Criteria	Scoring	Score
1. Council Strategic Goals	Vital – fundamental to Council’s goals or key result areas	High • 3	
	Notable – solid fit within Council’s Strategic Goals	Medium • 2	
	Non-Critical – some relevance to Council goal’s but not strategic	Low • 1	
2. Public Need	Community at Large – general need, broad-based	High • 3	
	Multiple Interests – some need, a number of areas/communities	Medium • 2	
	Vested Interest – special interest group(s), localized	Low • 1	
3. Public Benefit	Public Interest – all residents/communities may derive benefit	High • 5	
	Mixed Interest – some residents/communities derive benefit	Medium • 3	
	Private Interest – specific residents/communities benefit	Low • 1	
4. Human Development & Inclusion – Volunteer & Participant	High – equality of access and opportunity (demographic, geographic)	High • 5	
	Moderate – range of demographic groups and/or development potential	Medium • 3	
	Low – limited opportunity, access, or development potential	Low • 1	
5. Quality of Life	Livable Community – important to livable/sustainable community	High • 3	
	Community Image – enhances image or public perception	Medium • 2	
	Community Pride – instills pride, sense of community	Low • 1	
6. Funding – Actual or Attempted	High – applicant has secured or demonstrated attempt to secure other funding	High • 5	
	Some – some success securing or demonstrated attempt to secure other funding	Medium • 3	
	Low – limited success securing or demonstrated attempt to secure other funding	Low • 1	
7. Financial Dependence	High – applicant is dependant on town funding on an ongoing basis (2+ yrs) , or has reserve balance(s) deemed adequate to internally fund request	High • 1	
	Moderate – request is dependent on town funding, at a low percent of expenses	Medium • 3	
	Low – new or intermittent request	Low • 5	
8. Promotional	High – Town receives significant promotional or other benefit of event	High • 4	
	Moderate – Town receives some promotional or other benefit of event	Medium • 2	
	None – Town receives no promotional benefit of event	None • 0	
9. Accountability (“Track Record”)	Yes (or New Org.) – annual report and/or financial statements of prior year rec’d	Yes • 3	
	No – no annual report and/or financial statements received	No • 0	
10. Economic Benefit	High – economic benefit, direct impact to the community as a local event	High • 5	
	Moderate – economic benefit to the community is limited	Medium • 3	
	Low – very little economic benefit to the community	Low • 1	

Total Score:

Part E



Grants to Organizations
Final Report

This report must be completed and submitted within 60 days of the program/event. Failure to do so may impact future grant requests made to the Town.

Name of Project/Event	
Name of Organization	
Name of Contact Person for Application	
Date of event	Actual number of participants
Actual number of volunteers:	Actual number of volunteer hours:
Final report prepared by	Date

Project Summary

Please summarize your project – attach other documentation as required.

Community Partners

List of partners	Their role in project

Promotional

Please summarize the promotional coverage for your project – attach other documentation as required.

Financial Summary

INCOME (please list for your organization)	PROPOSED*	ACTUAL
Grant Revenues:		
Sponsors:		
Donations:		
Contributions from other governments (municipal, provincial, federal):		
In-kind contribution from town:		
Subtotal:		
COUNCIL GRANT REQUEST:		
Total Income:		

* Proposed amounts MUST match the figures shown on your original grant application.

EXPENSES (please list for your organization)	PROPOSED*	ACTUAL
Total Expenses:		

* Proposed amounts MUST match the figures shown on your original grant application.