



RM OF FRENCHMAN BUTTE NO. 501
BOX 180
PARADISE HILL, SK, S0M 2G0
Phone: 306-344-2034, Fax: 306-344-4434, Email: rm501@sasktel.net

Community Capital Program
Grant Application Form

Please complete this form in full. Include any additional information, documents, articles, or other items that will help Council get a good idea of your project. If you require more space, you can include other pages. **Funding is available for 50% of your project cost to a maximum of \$5000.00, excluding GST.** Projects must be located within the R.M. of Frenchman Butte No. 501, Village of Paradise Hill or the Town of St. Walburg. Applications will be reviewed on an ongoing basis.

Date of Funding Request: _____

ORGANIZATION

Name of Organization: _____

Years in Existence: _____

Mailing Address: _____

Primary Contact Person: _____

Phone: Work _____ Cell: _____ Fax: _____

Email: _____

Alternate Contact Person: _____

Phone: Work _____ Cell: _____ Fax: _____

Email: _____

FACILITY

Name of Facility for Proposed Project: _____

Street Address: _____

Registered Holder of Land Title: _____

EQUIPMENT

Item to be purchased: _____

PROJECT INFORMATION

Project Description (Summary):

BENEFITS OF THE PROJECT

1) How will this project benefit your organization? Why is the project required?

2) Describe the benefits for the general community. How is this project inclusive?

ADDITIONAL INFORMATION (if applicable)

1. Describe past successfully implemented projects.

2. Is this a New [] or Existing project []?

PROJECT BUDGETED COSTS – itemized expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL PROJECT COSTS: \$ _____ (a)

PROJECT FUNDING SUMMARY:

Other Grants:	\$ _____
TOTAL PROJECT FUNDING:	\$ _____ (b)
 Net Project Cost (a) – (b)	 \$ _____ (c)

Amount being requested from Community Capital
50% of Line (c) Net Project Cost to a
Maximum \$5,000.00 \$ _____

Checklist of Required Supporting Documentation Attached with Application:

Required Documentation	Attached ✓
<i>Organizational Information:</i>	
Previous Year Financial Statement	
<i>Project Information:</i>	
Project Budgeted Costs	
Project Description Details	
Detailed List of Project Funding	

I DECLARE THAT:

- **I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION.**
- The information contained in this application and supporting documents is true and accurate and endorsed by the applicant.
- The general public shall have access to this facility for the provision of leisure and/or community services, including recreational and cultural services.
- Any grant awarded shall be used solely for the purposes stated within this application and according to program parameters.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the R.M. of Frenchman Butte No. 501 Administrator or their designated representative.

The personal information collected on this form is in accordance with section 26 of *Saskatchewan's Freedom of Information and Protection of Privacy Act* (the Act). It will be used for the purposes of determining eligibility for the Community Capital Project Grants. The information will be disclosed in accordance with section 29 of the Act which may include public disclosure. If you have any questions in regards to the collection, use or disclosure of this information please contact R.M. Administrator at 306-344-2034.

Signature: _____ Date: _____

Name (Print): _____ Phone: _____

Date Received at the R.M. of Frenchman Butte No. 501 Office: _____

Receiver Initials: _____