



Incorporated

# R.M. of Frenchman Butte No. 501

POLICY TITLE  <u>Recreation and Culture</u> <u>Event Hosting Grant Policy</u>		ADOPTED BY RM Council Resolution No. 2018-05-09-054 EFFECTIVE DATE May 9, 2018	POLICY NO.  700-02
ORIGIN/AUTHORITY RM Council	JURISDICTION RM of Frenchman Butte No. 501	Amended: March 31, 2021 February 08, 2023 January 24, 2024 September 25, 2024 Rescinded:	Resolution No. 2021-03-31-027 2023-02-08-022 2024-01-24-026 2024-09-25-023

**1. PURPOSE:**

To establish application and approval guidelines for Recreation and Culture Funding of Event Hosting

**2. DEFINITIONS:**

**2.1 Events:** A planned public occasion such as community celebrations, educational retreats, community fund-raisers (example: Terry Fox Run), sports events and workshops, etc. excluding benefit events to raise funds for individuals/families, religious celebrations and school activities

**2.2 CAO:** Means Chief Administrative Officer.

**2.3 Council:** Means Council for the Rural Municipality of Frenchman Butte No. 501.

**3.0 SCOPE:**

Events hosted within the municipalities of the RM of Frenchman Butte No. 501, Village of Paradise Hill or the Town of St. Walburg.

**4.0 POLICY:**

It is the policy of the RM that:

**4.1** The Council shall review and approve funding allocation for Event Hosting on or before April 30 every year.

**4.2** The Council shall review applications and approve according to this Policy until allocated budget has been used up.

**4.3** Maximum grant available per event is \$500.00.

**4.4** Applicants must be organizations, individuals do not qualify.

**5.0 SPECIFIC REQUIREMENTS**

**5.1** Event must be held in the year for which the application was made.



POLICY TITLE

Recreation and Culture Event Hosting Grant Policy

- 5.2 Event Application Form (Form A) will be received throughout the year however applications must be received before October 31 in the year in which the event is taking place.
- 5.3 Incomplete applications will be rejected.
- 5.4 Event Payment Claim Form (Form B) and supporting documentation must be received on or before December 31 in the year in which the event was hosted.
- 5.5 A quorum of Council is required to approve applications.
- 5.6 Only one approved application per organization per year.
- 5.7 The Council reserves the right to approve or reject any written submissions as they deem appropriate.
- 5.8 Alcohol, food for concession, cash prizes, in-kind contributions and GST are non-eligible expenses.

**6.0 EXCEPTIONS**

- 6.1 Applications will be accepted in advance for the following year however approval will not be given until council has reviewed and approved funding as noted in 4.1 of this policy.
- 6.2 Subsequent applications by organizations will be accepted if there is funding available after October 31.

**7.0 RESPONSIBILITY/INTERPRETATION/REPEALING:**

All Appendices attached to this policy may be amended from time to time based on operational need.

This policy shall be administered and interpreted by the CAO; however, this policy cannot be amended without Council approval.

This policy replaces all resolutions that have been passed by the Council of the Rural Municipality of Frenchman Butte No. 501 with respect to the application of any and all parts of this policy and the terms and conditions contained herein.

This policy shall come into force and take effect on May 9, 2018 shall continue in full force and effect until repealed or replaced by subsequent resolution of Council.



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

## Event Hosting 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 to a maximum of \$500.00, excluding GST. Event 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: \_\_\_\_\_

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

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Briefly describe that mission/goals/purpose of your Organization:

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

*ASB AR*

**Event Date:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Briefly describe the Event:**

---

---

---

---

---

**Benefits to the Community:**

**A. Who will benefit from your event? :**

---

---

**B: How many people will benefit?:** \_\_\_\_\_

**Funding Use:**

**Please describe what this grant funding will be used for, including how your event will promote and encourage culture and recreation with the RM of Frenchman Butte No. 501:**

---

---

---

---

*Handwritten signature*

**EVENT COSTS – itemized expenses:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL EVENT COSTS (a):** \$ \_\_\_\_\_

**Amount being requested from Event Hosting Grant Program:**

(Maximum \$500.00)

\$ \_\_\_\_\_

Application completed by (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_

-----  
Date Received at the R.M. of Frenchman Butte No. 501 Office: \_\_\_\_\_

Receiver Initials: \_\_\_\_\_

*fit ak*



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

**Event Hosting Grant Claim Form**

Please complete this form in full. Funding is available to a maximum of \$500.00, excluding GST.  
**CLAIM FORM MUST BE ACCOMPANIED BY ALL RECEIPTS, INVOICES and CANCELLED CHEQUES**

**ORGANIZATION**

Name of Organization: \_\_\_\_\_

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

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Claim Form completed by (please print): \_\_\_\_\_

**CLAIM FORM MUST BE ACCOMPANIED BY ALL RECEIPTS, INVOICES and CANCELLED CHEQUES**

Payment will be issued to organization unless otherwise stated:

\_\_\_\_\_

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

Date: \_\_\_\_\_

**PAYMENT CLAIM FORM AND ALL ATTACHMENTS MUST BE RECEIVED ON OR BEFORE  
DECEMBER 31 FOR YEAR IN WHICH EVENT TOOK PLACE**

*AS AS*

This portion must be completed. Incomplete claim forms will not be paid.

Event Date \_\_\_\_\_

Event Name \_\_\_\_\_

**EVENT COSTS – itemized expenses (DO NOT INCLUDE GST PAID):**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL EVENT COSTS (a):** \$ \_\_\_\_\_

**Amount being requested from Event Hosting Grant Program:**  
(Maximum \$500.00) \$ \_\_\_\_\_

-----

Claim is Complete and all supporting documentation is attached.

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

Receiver Initials: \_\_\_\_\_

Application Approved Resolution # \_\_\_\_\_

