

Joint Council Funding



Application Form

Jame:	Contact Person:
g Address:	
Number:	E-mail Address:
Question	Answers
Description of your project or reason you are applying for funding:	
Amount Requested:	
Do you qualify for FCSS?	
If not, why? Is so, how?	
Latest Year End Financial Statements.	Attach
Budget Report- funding year and previous year.	Attach
	Address: Question Description of your project or reason you are applying for funding: Amount Requested: Do you qualify for FCSS? If not, why? Is so, how? Latest Year End Financial Statements. Budget Report- funding





7	General purpose	
	and objectives of	
	your organization.	
8	What are the benefits of	
	your organization to our	
	community?	
0	D : ::	
9	Does your organization	
	have a Youth and/or	
	Seniors component?	
	Discourse of the sector	
	Please elaborate.	





10	Explain how the proposed project/service does not duplicate other project/services in the community.	
11	Indicate percent of your project's revenue budget that is dependent on this grant.	
12	Did you receive funding through the Joint Funding process last year? If so, was the project completed? Attached proof (pictures/budget sheet).	
13	Indicate how often you have requested and been provided with Council grants and the amounts received.	





14	What other sources of	
	revenue are you pursuing	
	1.5 1	
	and for what projects?	
15	If the Councils do not	
	provide total funds	
	requested, can you	
	complete the project?	
	1 1 3	
16	How many voluntaar hours	
10	How many volunteer hours	
	are anticipated for this	
	project? And how are	
	volunteers utilized?	
	volunteers utilized.	
17	What are your	
	organizations'	
	accomplishments over the	
	past 2 years?	





18	Your organization							
	primarily serves the needs							
	of residents of the Town of							
	Pincher Creek (T), the							
			T	MD	\boldsymbol{C}	0		
	Municipal District of		T	MD	C	O		
	Pincher Creek #9 (MD),							
	Cowley (C), or Other (O).							
19	Any other relevant							
	information you would like							
	to provide.							
	1							
Com	Completed applications can be returned to the MD of Pincher Creek No 9 Administration Office located at				at			
1037 Herron Avenue, via mail to Box 279 Pincher Creek, Alberta T0K 1W0, fax to 403 627-5070 or e-mail to								
info@mdpinchercreek.ab.ca. Please call the MD Office at 403 627-3130 should further information or								
	fication be required.							
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