



**Joint Council Funding
Application Form**



*** Only completed application forms will be accepted.*

Group Name: _____ Contact Person: _____

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Question

Answers

	<i>Question</i>	<i>Answers</i>
1	Description of your project or reason you are applying for funding:	
2	Amount Requested:	
3	Do you qualify for FCSS?	
4	If not, why? Is so, how?	
5	Latest Year End Financial Statements.	Attach
6	Budget Report- funding year and previous year.	Attach



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7	General purpose and objectives of your organization.	
8	What are the benefits of your organization to our community?	
9	Does your organization have a Youth and/or Seniors component? Please elaborate.	
10	Explain how the proposed project/service does not duplicate other project/services in the community.	
11	Indicate percent of your projects revenue budget that is dependant on this grant.	



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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 and for what projects?	
15	If the Councils do not provide total funds requested, can you complete the project?	
16	How many volunteer hours are anticipated for this project? And how are volunteers utilized?	



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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 Municipal District of Pincher Creek #9 (MD), Cowley (C), or Other (O). Circle all that apply.	T MD C O
19	Any other relevant information you would like to provide:	

Completed applications can be returned to the MD of Pincher Creek No 9 in person to 753 Kettles Street/via mail to Box 279 Pincher Creek Alberta T0K 1W0/Fax 403 627-5070 or e-mail info@mdpincercreek.ab.ca. Please call the MD Office with any questions 403 627-3130.