



RM of Torch River No.488

Recreation & Culture Grant Application

Group Information

Organization Name								
Primary Contact				Position				
Contact Email				Website				
Phone			Cell			Fax		
Mailing Address:				Town:			PC:	
Group type (select one):								
<input type="checkbox"/> Community <input type="checkbox"/> Youth <input type="checkbox"/> Senior <input type="checkbox"/> Club <input type="checkbox"/> Church <input type="checkbox"/> Other								

Project Information

Name of Project			
Start date of Project		Expected end date of Project	

Project Description

Project purpose

Identify the purpose of the project and why it is important for the community (*approx. 200 words*)

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Prior History with RM of Torch River

Identify if your group is a new or returning applicant/recipient of funding from the RM of Torch River Recreation and Culture Grant.

- First Time applying for funding Previously applied but did not receive funding
- Past recipient of funding – if yes, please indicate project name and year of application

Project Name		Year	
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Identify the focus of activities involved in your project (*check all that apply*)

- Culture Recreation Physical Activity Sport Heritage
- Children Safety Adult Safety Public Safety Arts Literary

Select the audiences who will benefit from your project (*check all that apply*)

- Children 0-5 Children 6-11 years Teens 12-16 Youth 17-25
- Adults Older Adults (55+) persons with a disability Youth at risk

Project Objectives

Describe the community issue, challenge or opportunity your project is designed to address. Include how the need was identified. Describe the outcomes, or results that the project is to achieve. How will this project impact the Environment?



Community Benefits

Who will benefit from participating in your project? Estimate how many people will participate and benefit from this project. Explain how you arrived at this estimate.

Sustainability

How do you plan to preserve the infrastructure?

Volunteer Contributions

Indicate how volunteers will be involved with the project. Estimate the total number of volunteers and hours that will be contributed. Explain how you arrived at this estimate.



Budget & Funding

Identify all budgeted revenue & expenses relating to your project.

Income	Amount
Cash donations	\$
Fundraising	\$
Foundations	\$
Corporations	\$
Individual contributions	\$
In-kind support	\$
Other funding sources (Please specify)	\$
Total Income	\$ _____
Expenditures	
Project materials (please attach business quote)	\$
Minor equipment (please attach business quote)	\$
Contractor (please attach Contractor quote)	\$
Other direct project related expenditures (please attach business quotes)	\$
Total project Expenditures	\$ _____
Recreation and Culture Funding Grant (requested amount)	\$ _____

Other Relevant Information

If required, this space is provided for inclusion of any other relevant project information that was not captured in other sections.

Empty space for providing other relevant project information.



Disclaimer

Please be advised that all information pertaining to the recreation and culture grant is public knowledge.

The RM of Torch River shall not be held responsible for any injury, loss, expense or damage of any kind whatsoever suffered or incurred by any person or persons for any reason whatsoever including but not limited to any injury, loss, death or damage suffered.

The grant recipient and all parties involved with the project shall not hold the RM of Torch River responsible or demand, claim or take action against the RM of Torch River relating to or in connection with the grant award whether directly or indirectly for any reason whatsoever.

All projects must meet all guidelines, codes, bylaws and strictly adhere to all regulations set in place by governing bodies.

Certification

We certify that the information provided in this application, including all enclosures, is accurate to the best of our knowledge and that we are authorized to sign on behalf of the group (*two signature are required*)

Name:	Name:
Title:	Title:
Signature:	Signature:
Date:	Date:

For Office use only

Initial Grant Amount Paid

Date:	GL #:
Cheque #:	Amount: