



## Policy 007/2024 SCHEDULE A Application for Support Funding

### SECTION A – Notice to Applicants

An organization must apply prior to October 1 for the upcoming year.

Completed application forms will be sent to [Legislative@trmh.ca](mailto:Legislative@trmh.ca).

Administration will contact you to request any mandatory information if it is missing from your application form. Your application information will be assessed for conformance to the guidelines of the Town of Rocky Mountain House Support Funding Policy 007/2024.

*The personal information that you provide to the Town of Rocky Mountain House on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the FOIP Act. Questions about the collection or use of this information can be directed to the Town of Rocky Mountain House FOIP Coordinator at 403-845-2866.*

### SECTION B – Part 1 – Organization

#### Organization Identification

**1. Legal Name** (Organization's full name, as it appears on legal documents)

**2. Operating Name** (if different from legal name)

**3. Year Established** (Year the organization was created)

<b>4. Organization Type</b>	Not-For-Profit	Private Sector	Public Sector
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**5. Alberta Corporation Number**

Enter your Alberta Corporation Number:

or

I have provided a separate document confirming the proof of operations for my organization.

Specify type of document(s):

**6. Organization Mailing Address**

Street Number and Name

City or Town

Province

Postal Code

**7. Organization's Primary Activities** In no more than 250 words describe your organization's primary activities.

<b>SECTION B – Part 2 – Organization Contacts</b>	
<b>Primary Contact</b> This should be your primary contact person with respect to this application for funding.	
<b>8. Given Name/Surname</b>	
<b>9. Position Title</b>	
<b>10. Contact</b>	
Telephone Number	Email Address
<b>Secondary Contact</b> This should be your secondary contact person with respect to this application for funding.	
<b>11. Given Name/Surname</b>	
<b>12. Position Title</b>	
<b>13. Contact</b>	
Telephone Number	Email Address

**SECTION C – Financial Information**

**14. Support Funding Request Year**

**15. Support Funding Request Amount**

**16. Please list any other government sources of funding your organization receives**

**17. Has your organization ever received funding through the Clearwater Family and Community Support Service (FCSS)?**

Yes                  No                  Unsure

If yes, please provide last year that funding was received

**18. Audited Financial Statement (Previous year)**

I have provided a copy of my organization's audited financial statement from the previous year.

**19. Operating Budget**

Revenue	Annual Budget Amount
<b>Total Revenue</b>	
Expenses	Annual Budget Amount
<b>Total Expenses</b>	

**or**

I have provided a copy of my organization’s operating budget for the upcoming year.

**20. Cheque is made payable to**

**SECTION D – Declaration Information**

**I declare that** all information in this application is accurate and complete, and that the application is made on behalf of the organization named on Page 1 with its full knowledge and consent and complies application criteria.

**I declare that** I have the authority:

- To submit funding requests for the applicant organization
- To enter into contracts and agreements on behalf of this organization
- To certify that the information in the application is true, accurate and complete

**I declare that** the organization will spend funds on operational costs only and funds will be spent within the budget year approved. If any program funding remains, I will contact [Legislative@trmh.ca](mailto:Legislative@trmh.ca) immediately, so the funds may be redistributed before year-end.

Print Name

Authorized Signature

Date

Print Name

Authorized Signature

Date

Submit:

**By email:** [Legislative@trmh.ca](mailto:Legislative@trmh.ca)

**By Mail:**

Town of Rocky Mountain House  
Box 1509  
Rocky Mountain House, AB  
T4T 1B2

Questions? Please contact:

Tracy Breese

**phone:** 403-845-2866

**email:** [Legislative@trmh.ca](mailto:Legislative@trmh.ca)