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.

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 pursuant to section 4(c) of the Protection of Privacy Act (POPA). Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with POPA. Questions about the collection or use of this information can be directed to the Town of Rocky Mountain House Access and Privacy Officer at 403-845-2866 or email accessandprivacy@trmh.ca.

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)

4. **Organization Type** ◯ Not-For-Profit ◯ Private Sector ◯ Public Sector

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.

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

Expenses	Annual Budget Amount
Total Expenses	

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 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

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

Questions? Please contact:

Tracy Breese or Kalyn Scott
phone: 403-845-2866
email: Legislative@trmh.ca