

TOWN OF THREE HILLS MUNICIPAL GRANTS to COMMUNITY GROUPS

Date:		
Name of Organization:		
Registration Number:		
Contact Name:		
Mailing Address: (all correspondence will be mailed to this address)	ess)	
Email Address:	Phone No:	
	PROJECT INFORMATION	
following information: An indication of how this proj Location of the project Photographs if possible. 	the project for which Grant funding is requested. Please include the ject will benefit the community. acilities, a Certificate of Title must be included with the application.	
	PROJECT FUNDING	
Grant Request: \$ Total Project Cost: \$	In Kind	
List other sources of potential income or servi amounts granted:	ices already solicited, fundraising efforts, amounts requested, and	
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Please send your completed application to the following address no later than March 15th:

Town of Three Hills
PO Box 610
232 Main Street
Three Hills, Alberta T0M 2A0
Email: info@threehills.ca

Please provide the following documents to your completed application:

☐ A detailed budget for the event, project or program.

☐ A copy of your most recent Income Statement and Balance Sheet

☐ A copy of your detailed Budget for the current year

• If report shows a surplus, a statement of intended use of the surplus

• If report shows a deficit, a statement as to how the deficit will be eradicated.

APPLICANT AGREEMENT

I DECLARE THAT: (application must be signed by two members of the organization's Executive Committee)

- I am a duly authorized representative having legal and/or financial signing authority for the organization.
- The information contained in this application and supporting documents is true and accurate and endorsed by the organization.
- An accounting of spending, showing compliance with conditions of the grant shall be provided at completion of the project, no later than one year from the date the grant was approved.

Signature	Signature
Print Name	Print Name:
Date	