

## **MUNICIPAL GRANT FUNDING PROGRAM**

## **Community Grant Application**

Application Deadline: 11:59 p.m., October 1, 2025

Submit via email to <a href="mailto:grants@beaumont.ab.ca">grants@beaumont.ab.ca</a>

This personal information is being collected under the authority of Section 33(c) of the FOIP Act and will be used to administer funding under the Municipal Grant Funding Program. All information gathered by the City of Beaumont is protected by the provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact Legislative Services at 780.929.8782.



### **PART A: ORGANIZATION INFORMATION**

	Nur	mber of volunteers		
		Phone Number		
Arts	S	ports/Athletics		
Culture	E	Invironment		
Heritage	S	ocial Services/Well	being	
Leisure/Recreation	(	Community Spirit		
Registered Charity	A	Alberta Society		
Non-Profit Corporation	C	Other, please specify	′	
Has a copy of your certificate of incorporation been received?		YES	NO	N/A
Has a copy of your latest society annual return been received?		YES	NO	N/A
Has a copy of your most recent financial statements been received?		YES	NO	N/A
	Culture Heritage Leisure/Recreation  Registered Charity Non-Profit Corporation  ificate of incorporation been received?	Arts S Culture E Heritage S Leisure/Recreation C Registered Charity A Non-Profit Corporation C ificate of incorporation been received?	Arts Sports/Athletics Culture Environment Heritage Social Services/Well Leisure/Recreation Community Spirit  Registered Charity Alberta Society Non-Profit Corporation Other, please specify ificate of incorporation been received? YES est society annual return been received? YES	Phone Number  Arts Sports/Athletics Culture Environment Heritage Social Services/Wellbeing Leisure/Recreation Community Spirit  Registered Charity Alberta Society Non-Profit Corporation Other, please specify  ificate of incorporation been received? YES NO st society annual return been received? YES NO

If you answered no, to any of the questions above, please submit a copy along with your application.

BOARD OF DIRECTORS			
Name	Position	Years on Board	

<b>ORGANIZATION SUMMARY</b> Please provide a summary of your organ	simatian inaliadian tha nain			
i lease provide a summary or your organ	iization, including the prin	iai y iiiissioii aiic	pui pose.	
PA	ART B: EXISTING	GRANT	S	
D 1 11 C11 IB		VFC	NO	

Do you have any active City of Beaumont grants?		YES	NO	
If yes, have final reports been submitted for all reports?		YES	NO	
Please list all previous projects that you h	nave received grant fu	ınding for, fro	om the City of Beaumor	nt, in the last 4 years.
Project	<b>Grant Stream</b>		Year	Amount

### **PART C: PROJECT DETAILS**

PROJECT DETAILS			
Funding Request Type:	Event or Festival  Community Project/Initiative	Operating Expenses *Developmental stage < 5 years	
Project Name (max. 10 words)			
Funding Amount Requested (\$10,000 maximum request) Minimum funding required to			
complete the project:			
Project Start Date: (mm/dd/yyyy)			
Project End Date: (mm/dd/yyyy)			
Where will the project be located?			
Is this project open to the public?	Yes	No	
I	eaumont Grant Funding Advisory Commitike to appear before the Committee?	ttee for an optional 10-minute question Yes No	
PROJECT DESCRIPTION  Please provide an overview of the pro-	oject/initiative including:		
<ul> <li>Description of the project?</li> <li>Who are the participants?</li> <li>Who will benefit?</li> </ul>	<ul> <li>How will the grant fund</li> <li>Why is the grant fundi</li> <li>Are there any communication</li> </ul>		

<b>PROJECT OUTCOMES:</b> What are the intended outcomes of this project/initiative? What are you hoping to achieve, and how will you measure success?
COMMUNITY IMPACT  Describe how your project/initiative benefits the community of Beaumont and its residents. Please include how many Beaumont residents will be directly impacted or will benefit from the project/initiative.
How many unique individuals does your organization serve/engage with each year? (count each person one time, even if they access your organization more than once)
(count each person one time, even in they access your organization more than onee)
How many unique Beaumont residents did your organization serve/engage with last year? (count each person one time even if they accessed your organization more than once)



SUSTAINABILITY  If your goal is to have this project/initiative continue beyond the grant term, how do you intend to make it sustainable?  (Please write N/A if not applicable)		
If your request is for operating funds, what operations sustainable beyond the grant to	steps does your organization intend to take to work towards making your erm? (Please write N/A if not applicable)	
ACKNOWLEDGEMENT How will you acknowledge the City of Bea (Examples may be requested during grant rep		
Social Media	E-Newsletter	
Advertisements	News releases	
Website On-site signage		

Organizations may submit additional supporting information, to a maximum of ONE PAGE



### **PART D: PROJECT BUDGET**

Please include details regarding project expenses and funding sources. If there is not enough room in the space below you can submit your project budget as a separate document/attachment.

PROJECT FUNDING SOURCES  *When listing other grants please specify if funding has been confirmed.		
ANTICIPATED REVENUE	AMOUNT	NOTES  *Use this column to provide descriptions for each line item
City of Beaumont Community Grant	\$	
Earned Revenue (e.g. ticket sales)	\$	
Sponsorships or Cash Donations	\$	
Other Grants	\$	
Gift-in-kind (indicate the value of the donated material/equipment/labour)	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	



#### **PROJECT EXPENDITURES**

Costs for materials and/or activities that are directly related to carrying out the proposed project.

ANTICIPATED EXPENSE	AMOUNT	NOTES  *Use this column to provide descriptions for each line item
Program Supplies	\$	
Volunteer Expenses	\$	
Marketing Expenses	\$	
Contracted Services Expenses	\$	
Facility Rental Expenses	\$	
Capital Expenses	\$	
Specialized Equipment Purchase	\$	
Food and Beverage Expenses *Note: alcohol is not an eligible expense.	\$	
Contingency	\$	
Equipment Rental	\$	
	\$	
	\$	
TOTAL	\$	

Additional budget detail including estimates and quotes for the project can be submitted as additional attachments (max 5 pages in 1 document)



#### **DECLARATION**

#### I DECLARE THAT:

I AM THE APPLICANT; or

# I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE-MENTIONED ORGANIZATION

The information contained in this application and supporting documents is true and accurate and endorsed by the above-mentioned organization.

If successful, the funds will be awarded and accepted in accordance with the City of Beaumont's policy and current funding agreement.

Signature	Printed Name
Position/Title	Phone Number
Fmail Address	

