



MUNICIPAL GRANT FUNDING PROGRAM

General Application

Application Deadline: Varies according to grant stream.

PLEASE READ THE APPLICATION GUIDE THOROUGHLY BEFORE APPLYING.
SUBMIT A SEPARATE APPLICATION FOR EACH PROJECT REQUESTING FUNDS. THE APPLICATION
FORM AND GUIDELINES HAVE BEEN UPDATED. PREVIOUS VERSIONS NO LONGER APPLY.

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.



The General Application Form, which provides information on the organization or individual applying, must be completed by every applicant applying for a Beaumont Municipal Grant. In addition to this form, please submit the form associated to the specific grant stream you are applying for (Operating & Major Project Grants, Arts Grants, or Community grants). When applying for more than one grant within the City of Beaumont Municipal Grant Funding Program in the same calendar year, only one general application is required, unless the information in this form has changed.

PART A: FOR ORGANIZATIONS

***Only complete if you are part of an organization.**

Applicants who are applying as individuals, or are applying as the primary applicant for a collective, can move to Part B.*

GENERAL INFORMATION	
Date:	
Organization Name:	
Mailing Address:	
Charitable Number (if applicable):	
Date of Incorporation (if applicable):	
Incorporation Number (if applicable):	
Act Incorporated Under:	
Fiscal Year End:	
Website:	
Social media accounts:	
Number of members:	
Number of volunteers:	
Does your organization operate a facility?	<div style="display: flex; justify-content: space-around; width: 100%;"> YES NO </div>

CONTACT INFORMATION	
<i>*Contact information for the primary and alternate cannot be the same for both people*</i>	
Primary contact (full name and position/title):	
Contact Email:	
Contact Phone:	
Alternate contact (full name and position/title):	
Alternate Contact Email:	
Alternate Contact Phone:	



PART B: FOR INDIVIDUAL APPLICANTS & PRIMARY APPLICANTS OF AD HOC GROUPS OR COLLECTIVES

Only complete if you are applying as an individual or an ad hoc group/collective

APPLICANT INFORMATION		
Date:		
Individual Applicant/Primary Applicant (full name):		
Mailing Address:		
Email:		
Phone number:		
Website (optional):		
Social media accounts (optional - provide handles or links):		
As of the application deadline, are you 16 years of age or older?	YES	NO
Are you legally entitled to be or remain in Canada?	YES	NO
Are you legally entitled to work in Canada?	YES	NO
Is your primary residence in Beaumont, AB?	YES	NO
Do you ordinarily live in Beaumont, AB for at least 6 months of each year, with the exception of attending a formal program of study?	YES	NO
ALTERNATE CONTACT INFORMATION		
<i>*Only complete if you are applying as an ad hoc group or collective*</i>		
<i>*Contact information for the primary and alternate cannot be the same for both people*</i>		
Alternate Contact (full name):		
Alternate Contact Email:		
Alternate Contact Phone:		



PART C: FOR ALL APPLICANTS

PREVIOUS FUNDING			
Did you receive any grants in your last fiscal year, including from the City of Beaumont?	YES	NO	
Do you have any active City of Beaumont grants?	YES	NO	
If yes, have final reports been submitted for previous financial support?	YES	NO	
Please list previous project(s), amount(s), and year(s) you received grant funding for the last four years, including from the City of Beaumont:			
Project	Grant Name	Amount	Year
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

PART D: SUPPORTING DOCUMENTATION

For registered organizations, please submit along with your completed application form the following up-to-date information and documentation:

- Financial Statements
- Last Filed Annual General Return
- Certificate of Incorporation



DECLARATION

I DECLARE THAT:

I AM THE APPLICANT; or

I AM MAKING THIS APPLICATION ON BEHALF OF THE ABOVE-MENTIONED ORGANIZATION AS A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR SAID ORGANIZATION.

The information contained in this application and supporting documents is true and accurate to the best of my knowledge.

I understand that this is an application only and does not confer a requirement by the City of Beaumont to provide all, a portion, or any of the requested funding.

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

Signature (if filling out the form electronically type your name here)

Printed Name

Position/Title

Phone Number

Email Address

