



Town of Edson Community & Protective Services Community Development Micro Grant

MICRO GRANT APPLICATION OVERVIEW

When people are included and participate in their community, good things happen. We believe in supporting community groups to create more opportunities for residents to get involved with local initiatives by:

- Creating shared experiences for people of all ages from different walks of life
- Supporting arts, culture and recreational opportunities that encourage community participation and reflect diversity
- Helping people feel a sense of belonging in their community
- Promoting mental and physical well-being of community members

The Town of Edson Community Development Micro Grant program provides funding for registered non-profits or special interest groups that are providing the above mentioned types of programs or events for the residents of Edson. All programs and events must be developed in the spirit of inclusion and diversity and open to the public for participation.



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Supported
By



Yellowhead County cost shares on all programs and services developed by the Town of Edson Community and Protective Services Department.

QUESTIONS?

Contact:

Community & Protective Services
Town of Edson
Phone: 780 723 4403
Email: cserv@edson.ca

HOW TO SUBMIT AN APPLICATION

Return completed application to:
Community & Protective Services
Town of Edson
PO Box 6300, 605 – 50th Street
Edson, AB, T7E 1T7

Or email: cserv@edson.ca

MICRO GRANT ELIGIBILITY & GUIDELINES

1. Applicants are encouraged to contact Community Development staff at 780-723-4403 to discuss your project and determine eligibility prior to applying.
2. Applications are reviewed and grants are awarded throughout the year on an on-going basis until the annual budget as approved by Council is depleted entirely.
3. One application must be completed per project.
4. A financial accounting of how Town funds were spent and event summary must be submitted within two months following completion of the event/program.

Each application will be evaluated holistically on its own merits, considering whether the applicant has demonstrated:

- A clearly defined need for support
- An appropriate plan
- The capacity to implement the project
- A reasonable budget and timeframe
- Appropriate partners
- A plan for sustainability of the project (if applicable), impact and organizational capacity

The program or event is to benefit Edson residents. These benefits may include but are not limited to:

- Increased fitness, health and well-being
- Increased sense of belonging
- Learning through exposure to new experiences and teachings
- Enhanced sense of community

Community Development Micro Grants are **not** designed to support:

- Deficit funding or capital projects
- Contributions to endowments
- Fundraisers of any kind
- Faith-based programs
- Grants primarily benefiting individuals (such as scholarships)
- Grants to agencies that have unrestricted reserve funds in excess of one year's operating expenses
- School sports teams

NOTE

- Applicants who have previously received any type of grant funding from the Town of Edson but have not submitted a requisite financial accounting for the grant(s) will not be eligible for funding under this program until all outstanding accounting requirements have been met.
- Special interest groups are encouraged to partner with a non-profit organization to strengthen application.
- Retroactive funding will not be considered. Grant funding will not exceed \$2000.00 per application unless the application can demonstrate a special need for additional funding.
- Applicants must provide recognition of the Town of Edson's contribution to the program/event. Proper logos will be available to all applicants.
- Due to limited funds and an anticipated large volume of applications annually, grant funding awarded may be less than that sought by the applicant(s) and not all organizations meeting the established criteria will obtain Community Development funding.

Micro Grant Application Form

SECTION A: ORGANIZATION/AGENCY INFORMATION

CONTACT INFORMATION

Name of Society or Special Interest Group		
Street Address		
Mailing Address		Postal Code
Contact Person	Position	
Office Phone Number	Mobile Phone Number	
Email Address		
Are you a non-profit organization?	YES	NO

ORGANIZATION/AGENCY DESCRIPTION

Please provide a brief overview of your agency (mission, mandate, history):

PAST PARTICIPATION

Have you received funding from the Town of Edson before? YES NO

If yes, please provide the following information:

Program/Event Year: _____ Amount: _____

Please provide a brief description:

SECTION B: REQUEST FOR FUNDING

PROGRAM/PROJECT INFORMATION

Program/Event Name: _____

Program/Event Location: _____

Program/Event Start Date: _____ End Date: _____

Total Funds Requested: _____ Percentage of the budget this represents: _____

Please provide a description of the program/event (please attach further info if needed to explain your program/event better):

Please describe your organization's capacity to execute your program/event:

What difference will your program/event make in the Edson community and in the lives of those involved?

How will you market your program/event to the community?

How will the Town of Edson Community Development Micro Grant Contribution be acknowledged?

SECTION C: PROGRAM/EVENT BUDGET

Fill in the three columns below. Calculations will automatically be performed for these figures.				
Description of Item	Contribution/funds provided by your agency (if any)	Contribution/funds provided by other* (if any)	Funds requested from Micro Grant	Projected Cost
Program/Event Revenue				
Direct Project Costs				
Administrative				
TOTALS				

***Other:** In the "Description of Item" column please identify who provided the contribution and/or what the contribution is (i.e. in-kind contributions, volunteer labour, or money).

APPLICANT AGREEMENT *(Sign and keep a copy for your records)*

I declare that:

- I am a duly authorized representative having legal, financial and/or executive signing authority for the above noted organization.
- The information provided within this application form and supporting documentation is true, accurate and endorsed by the above organization.
- I am aware that the information provided in this application may be available to the public.
- The project will benefit the general community and not specific individuals/families.
- A Final Budget Report indicating the program's expenses and revenue will be provided to the Town of Edson after execution of the program. Please see the grant approval letter for grant submission deadline.
- I understand that an overdue or outstanding Final Budget Report may affect future applications.
- Any changes to the program/event must be approved by the Town of Edson Community Development team.
- Other obligations of this grant include, but are not limited to, provision of adequate insurance, risk management and Occupational Health and Safety systems. All relevant public health and safety practices must be followed.
- Receipts may be requested at any time.
- The contribution from the Town of Edson will be recognized through any publications, advertising or other suitable means. Please contact the Town of Edson Community and Protective Services office to receive a copy of our logo.

Signature: _____

Date: _____

Print Name: _____

Position: _____