APPLICATION FOR FUNDING



Please complete the applicable sections and return application to:

Ponoka County Council

4205 Highway #2A

Ponoka, AB T4J 1V9



Organization/Individual information:										
Name				Mailing Address:					Contact Person Name & Phone #	
Please briefly describe your project/proposal (fill in all applicable areas)										
Capital or Operational Funding?	Operational Project description		Facility description (existing/new/upgradmaintenance)			e/ Location of land location			oject (include	Planning/Approvals completed? (Permits)
Capital Decrational										
Please identify if this project involves other agencies/organizations or promotes any partnerships.										
Funding (If available, please attach a recent financial statement)										
Already acquired		Applied for		Work in kind/Volunte valuation		Requested from County		Shortfall (if any)		Total projected cost
		Received	Pending							
If funding is not available from the County, what is the impact on your project?										
Have you received funding or applied for funding from the County before? When? How much?										
Project Benefits										
To the Community:			To Individual:		Long-term benef		its:		Will project continue after completion? How?	

Attach any additional information to support your application.

Grant funding is considered three times per year, in March, June and December. Please submit your application prior to February 28, May 31 or November 30.