





**11. LIST ANY SIMILAR OR EXISTING PROGRAMS AND SERVICES AVAILABLE TO YOUR COMMUNITY**

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**12. PLEASE MAKE ANY ADDITIONAL COMMENTS YOUR ORGANIZATION MAY FEEL PERTINENT TO THIS PROJECT**

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If your organization is approved for allocation, please indicate who the Cheque will be made payable to:  
**\* Cheque cannot be made payable to an Individual**

**PAYABLE TO:**

**13. IF APPROVED FOR FUNDING, YOUR ORGANIZATION WOULD BE REQUIRED TO PARTICIPATE IN THE BATC CDC PARTNERSHIP/LEGACY CELEBRATION MODEL:**

**CURRENT LEVELS OF RECOGNITION ARE BASED UPON THE AGGREGATE OF YOUR ALLOCATION(S) SINCE 2007. THE BATC CDC SHALL FROM TIME TO TIME ESTABLISH CATEGORIES OF SPONSORSHIPS AND DONATIONS THAT MERIT SPECIFIC LEVELS OF RECOGNITION.**

**IF YOUR APPLICATION IS APPROVED, BATC CDC WILL ADVISE YOU OF WHERE YOUR GRANT WILL PLACE YOU ON THE LEGACY MODEL BELOW:**

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**SPONSORSHIP/LEGACY CELEBRATION MODEL**

| RECOGNITION   | CUMULATIVE AMOUNT |                     |                      |                       |            | MILESTONE |    |    |    |    |
|---|-------------------|---------------------|----------------------|-----------------------|------------|-----------|----|----|----|----|
|   | <\$10,000         | \$10,001 - \$50,000 | \$50,001 - \$100,000 | \$101,001 - \$250,000 | >\$250,001 |           |    |    |    |    |
| Cheque Presentation – NPO provides to Media   |                   |                     |                      |                       |            |           |    |    |    |    |
| Signage at Event/Project – provided by CDC (Returnable) if NPO not providing                          |                   |                     |                      |                       |            |           |    |    |    |    |
| CDC acknowledgement in print materials  |                   |                     |                      |                       |            |           |    |    |    |    |
| CDC acknowledgement in announcements  |                   |                     |                      |                       |            | 5         | 10 | 15 | 20 | 25 |
| Event Passes if applicable  |                   |                     |                      |                       |            |           |    |    |    |    |
| CDC acknowledgement on NPO Website, print communications (i.e. Newsletter) and Social Media platforms |                   |                     |                      |                       |            |           |    |    |    |    |
| 1 Post on NPO Social Media Channels   |                   |                     |                      |                       |            |           |    |    |    |    |
| CDC Bring Greetings at Event  |                   |                     |                      |                       |            |           |    |    |    |    |
| Recorded interview to be shared on recipient project/event website and social media                   |                   |                     |                      |                       |            |           |    |    |    |    |
| Permanent signage at NPO facility   |                   |                     |                      |                       |            |           |    |    |    |    |
| Write up on CDC on NPO Website  |                   |                     |                      |                       |            |           |    |    |    |    |
| 2 Posts on NPO Social Media Channels  |                   |                     |                      |                       |            |           |    |    |    |    |
| CDC Bring Greetings at Annual Fundraiser/AGM  |                   |                     |                      |                       |            |           |    |    |    |    |
| ¼ Page in NPO Annual Report commemorating partnership success   |                   |                     |                      |                       |            |           |    |    |    |    |
| CDC Speak at Annual Fundraiser/Event  |                   |                     |                      |                       |            |           |    |    |    |    |
| ½ Page in NPO Annual Report commemorating partnership success   |                   |                     |                      |                       |            |           |    |    |    |    |
| Full Page in NPO Annual Report commemorating partnership success                                      |                   |                     |                      |                       |            |           |    |    |    |    |
| CDC logo on NPO Letterhead commemorating 25 Year Partnership  |                   |                     |                      |                       |            |           |    |    |    |    |

**14. PROJECTED PROGRAM INCOME**

In-kind Contributions (Please List) and describe

- 1.
- 2.
- 3.
- 4.
- 5.

| INCOME         | AMOUNT |
|----------------|--------|
| Cash Donations | \$     |
| Fund Raising   | \$     |
| Other Grants   |        |
| 1.             | \$     |
| 2.             | \$     |

|   |    |
|---|----|
| 3.  | \$ |
| 4.  | \$ |
| 5.  | \$ |
| <b>TOTAL PROJECTED CASH INCOME</b><br><i>(*Please do not include request from BATC CDC)</i> | \$ |

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| <b>15. PROJECT EXPENDITURES</b>  |    |
| <b>CONTRACT PROJECT COST</b> (Specialties Trades that are essential to programs) |    |
| 1.   | \$ |
| 2.   | \$ |
| 3.   | \$ |

|   |    |
|---|----|
| <b>PROGRAM MATERIALS (Please List) Provide supplier quotes:</b> |    |
| 1.  | \$ |
| 2.  | \$ |
| 3.  | \$ |
| 4.  | \$ |
| 5.  | \$ |
| 6.  | \$ |

|   |    |
|---|----|
| <b>MINOR EQUIPMENT (Please List) Provide supplier quotes:</b> |    |
| 1.  | \$ |
| 2.  | \$ |
| 3.  | \$ |
| 4.  | \$ |
| <b>Building Rent (portion related to program)</b>             | \$ |
| <b>Utilities (portion related to program)</b>                 | \$ |

|  |    |
|--|----|
| <b>OTHER DIRECT PROGRAM RELATED EXPENDITURES (PLEASE LIST)</b> |    |
| 1.   | \$ |
| 2.   | \$ |
| 3.   | \$ |
| 4.   | \$ |
| 5.   |    |

|  |    |
|--|----|
| <b>TOTAL PROJECTED EXPENDITURES</b>  | \$ |
| <b>TOTAL PROJECTED PROGRAM INCOME</b> <i>(transferred from page 3)</i>                                       | \$ |
| <b>16. AMOUNT REQUESTING FROM BATC CDC</b><br><i>(Projected Expenditures minus Projected Program Income)</i> | \$ |

## 5. Terms and Conditions

If the application for funding as provided for herein is approved by the BATC CDC Board of Directors, the Applicant Organization covenants and agrees to undertake the following:

- (a) to maintain all original documentation pertaining to the Project for which funding has been applied for including all financial statements, invoices and receipts and to have these documents made available for inspection or examination upon request by officials on behalf of the BATC CDC at any time during normal business hours;
- (b) to utilize the funding received only for purposes identified herein and not for any other project or activity;
- (c) to return immediately to the BATC CDC, any unused funds not utilized for the purposes of the Project as identified herein. Further, in the event the final project costs associated with the Project are lower than the costs originally projected, the amount of eligible funding will be adjusted to reflect the lower cost and will be considered an overpayment. Under such circumstances, the Applicant Organization shall within fourteen (14) days following completion of the Project be required to refund to the BATC CDC such funds attributable to the overpayment;
- (d) to complete, as and when requested by the BATC CDC, a Follow Up Report in a form prescribed by the BATC CDC verifying the final costs incurred with respect to delivery of the Project; and
- (e) to authorize the BATC CDC to publish for use in conjunction with preparation of its audited financial statements and annual report, reporting to its membership and to the public, the name of your organization, a description of the Project and the amount of funding received from the BATC CDC. We hereby acknowledge and agree that this shall constitute proper and sufficient authority and consent for the release of the said information under applicable federal and provincial privacy legislation including, without restricting the generality of the foregoing, the *Personal Information Protection and Electronic Documents Act (Canada)*.

In the event the application for funding is approved and the Applicant Organization fails to comply with the conditions as referenced above, all funds received by the Applicant Organization pursuant to this application shall immediately become payable by the Applicant Organization to the BATC CDC and the BATC CDC may, as its option, proceed with the exercise of any or all of the following remedies:

- (a) the BATC CDC may cancel or suspend any further payments to the Applicant Organization with respect to the Project;
- (b) the BATC CDC may proceed with the enforcement of any legal proceedings against the Applicant Organization to enforce repayment of all monies advanced to the Applicant Organization and owing to the BATC CDC as a result of the Applicant Organization's failure to comply with the terms and conditions as prescribed herein. Further, any Applicant Organization that violates the terms and conditions as prescribed herein or fails to make repayment of any monies owing to the BATC CDC shall be ineligible from receiving any further funding from the BATC CDC with respect to any other Project until such time as the total amounts owing have been repaid in full to the BATC CDC; and
- (c) the BATC CDC may proceed with the exercise of any other rights or remedies it may have in law against the Applicant Organization.

**6.0 Declaration**

On behalf of the Applicant Organization, we hereby represent, warrant and certify the following:

- (a) that the information contained in this application reflects an accurate description of the estimated costs associated with the related Project.
- (b) that the information contained in this application is, to the best of our knowledge and belief, true and correct;
- (c) that on behalf of the Application Organization, we agree to the terms and conditions as prescribed herein and agree to be bound by such terms and conditions with respect to receipt of all funding received from the BATC CDC; and
- (d) that we hereby authorize any duly appointed representatives of BATC CDC to obtain from and share with such persons or organizations, public or private, any information necessary to complete their assessment of the Project and the request for funding as outlined herein.

\_\_\_\_\_  
*Authorized Representative*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**ALL APPLICATIONS SUBMITTED WILL BECOME CONFIDENTIAL PROPERTY OF THE  
BATC Community Development Corporation**

**8. APPLICATION PROCESS**

8.4 Organizations are required to submit one **(1) signed copy** of the completed application form to the BATC Community Development Corporation in care of the following address:

**BATC COMMUNITY DEVELOPMENT CORPORATION**  
**Attention: Management**

|             |                               |           |  |
|-------------|-------------------------------|-----------|--|
| <b>VIA:</b> | <b>Mail or Drop off:</b>      | <b>or</b> | <b>Email:</b>                                |
|             | 1282 101 <sup>ST</sup> Street |           | <a href="mailto:cdc@batc.ca">cdc@batc.ca</a> |
|             | North Battleford, SK          |           |  |
|             | S9A 0Z8                       |           |  |

8.11 All First Nations applicants will be required to obtain community support by way of Council Resolution of the community at a duly convened Chief and Council Meeting.