



APPLICATION FORM

Please COMPLETE ALL AREAS OF APPLICATION . Any incomplete and/or altered application forms will be considered ineligible for Board Review.			
1. APPLICANT INFORMATION			
Name of Organization:			
Mailing Address:			--
			Postal Code
Contact Person:			
Phone Number:	(306)	Fax:	(306)
E-Mail Address:			
Non Profit Number (if applicable):			
2. PROJECT OVERVIEW			
Project Name:			
3. BRIEFLY DESCRIBE YOUR PROPOSAL AND IT'S PURPOSE:			
4. PROJECT, EVENTS OR PURCHASE	Start Date:	Completion Date:	
Total Estimated Project Costs:	\$		
5. AMOUNT REQUESTED FROM BATC COMMUNITY DEVELOPMENT CORPORATION	\$		
6. PLEASE INDICATE WHO WILL BE RESPONSIBLE FOR THE FINANCIAL MAINTENANCE OF THIS PROJECT:			
Name:			
Mailing Address:			--
			Postal Code
Phone Number:	(306)	Fax:	(306)

6. PLEASE INDICATE WHICH CATEGORY THE PROJECT ADDRESSES (Check only ONE CATEGORY) ✓			
1) Economic Development		6) Senior and Youth Programs	
2) Social Development:		7) Cultural Development	
3) Justice Initiatives		8) Community Infrastructure Development and Maintenance	
4) Education Development		9) Health Initiatives	
5) Recreational Facilities Operations and Development		10) Other Charitable Purposes	
7. EXPLAIN HOW THE PROJECT ADDRESSES THIS AREA:			
8. INDICATE THE PARTICIPANTS WHO WILL BE INVOLVED (I.E. youth, male, female, vulnerable target groups etc.):			
9. LIST ANY SIMILAR OR EXISTING PROGRAMS AND SERVICES AVAILABLE TO YOUR COMMUNITY:			
10. PLEASE MAKE ANY ADDITIONAL COMMENTS YOUR ORGANIZATION MAY FEEL PERTINENT TO THIS PROJECT.:			

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:

11. HOW WOULD YOUR ORGANIZATION ACKNOWLEDGE THE BATC CDC CONTRIBUTION IF APPROVED FOR FUNDING?

12. PROJECTED PROGRAM INCOME

In kind Contributions (Please List) and describe

1.

2.

3.

4.

INCOME	AMOUNT
Cash Donations	\$
Fund Raising	\$
Other Grants	
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL PROJECTED CASH INCOME <i>(*Please do not include request from BATC CDC)</i>	\$

13. PROJECT EXPENDITURES	
CONTRACT PROJECT COST (Specialties Trades that are essential to programs)	
1.	
2.	
3.	
PROGRAM MATERIALS (Please List) - Provide supplier quotes:	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
MINOR EQUIPMENT (Please List) Provide supplier quotes:	
1.	\$
2.	\$
3.	\$
4.	\$
Building Rent (portion related to program)	\$
Utilities (portion related to program)	\$

OTHER DIRECT PROGRAM RELATED EXPENDITURES (PLEASE LIST)	
1.	\$
2.	\$
3.	\$
4.	\$

TOTAL PROJECTED EXPENDITURES	\$
TOTAL PROJECTED PROGRAM INCOME	\$
14. AMOUNT REQUESTING FROM BATC CDC (<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 Application 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 CDC

8. APPLICATION PROCESS

8.4 Organizations are required to submit two **(2) signed copies or one (1) electronic copy and one (1) signed copy** of the completed application form to the BATC CDC care of the following addresses:

Attention: Management
BATC Community Development Corporation
971- 104th Street
North Battleford, SK S9A 4B2 Fax (306) 446-1308

All postmarked, electronic and faxed applications not received by 4:30 p.m. on the deadline date shall not be eligible for consideration.

Electronic applications received prior to 4:30 p.m. on the deadline date shall be considered only if one (1) signed copy of the application is postmarked or faxed on or before the deadline date and received by the Management.

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.