

Living Sky Community Development Corporation

APPLICATION FORM

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	Office:(306)	Fax:	(306)
E-Mail Address			
Non Profit Number (if applicable)			
2. PROJECT OVERVIEW			
Project Name			
3. BRIEFLY DESCRIBE YOUR PROPOSAL AND ITS PURPOSE			
4. PROJECT, EVENTS OR PURCHASE	Start Date	Completion Date	
Total Estimated Project Costs:			
5. AMOUNT REQUESTED FROM LIVING SKY CDC		\$	
6. PLEASE INDICATE WHO WILL BE RESPONSIBLE FOR THE FINANCIAL MAINTENANCE OF THIS PROJECT			
Name:			
Mailing Address:			
Phone Number:	(306)	Fax: (306)	

7. 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) Other Charitable Purposes		8) Community Infrastructure Development and Maintenance	
4) Educational Development		9) Health Initiatives	
5) Recreational Facilities Operations and Development		10) Other Charitable Purposes	

8. EXPLAIN HOW THE PROJECT ADDRESSES THIS AREA


9. INDICATE THE PARTICIPANTS WHO WILL BE INVOLVED (youth, male, female, vulnerable target groups etc.)


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


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


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

PAYABLE TO:

12. HOW WOULD YOUR ORGANIZATION ACKNOWLEDGE THE LIVING SKY CDC CONTRIBUTION IF APPROVED FOR FUNDING?


13. 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.	\$
TOTAL PROJECTED CASH INCOME (*Please do not include request from LIVING SKY CDC)	\$

14. PROJECT EXPENDITURES	
CONTRACT PROJECT COST (Specialties Trades that are essential to programs)	
1.	
2.	
3.	

PROGRAM MATERIALS (Please List) - <i>Provide supplier quotes:</i>	
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 ( <i>transferred from page 3</i> )	\$
15. AMOUNT REQUESTING FROM LIVING SKY CDC	\$

5. Terms and Conditions

If the application for funding as provided for herein is approved by the LIVING SKY 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 LIVING SKY 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 LIVING SKY 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 LIVING SKY CDC such funds attributable to the overpayment;
- (d) to complete, as and when requested by the LIVING SKY CDC, a Follow Up Report in a form prescribed by the LIVING SKY CDC verifying the final costs incurred with respect to delivery of the Project; and
- (e) to authorize the LIVING SKY 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 LIVING SKY 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 LIVING SKY CDC and the LIVING SKY CDC may, as its option, proceed with the exercise of any or all of the following remedies:

- (a) the LIVING SKY CDC may cancel or suspend any further payments to the Applicant Organization with respect to the Project;
- (b) the LIVING SKY 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 LIVING SKY 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 LIVING SKY CDC shall be ineligible from receiving any further funding from the LIVING SKY CDC with respect to any other Project until such time as the total amounts owing have been repaid in full to the LIVING SKY CDC; and
- (c) the LIVING SKY CDC program may proceed with the exercise of any other rights or remedies it may have in law against the Application Organization.

(d) 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 LIVING SKY CDC; and
- (d) that we hereby authorize any duly appointed representatives of LIVING SKY 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 LIVING SKY CDC APPLICATION PROCESS**

Organizations are required to submit one (1) signed copy of the completed application form to the Town of Fort Qu’Appelle in care of the following address:

Town of Fort Qu’Appelle  
VIA:

Mail or Drop off:  
Box 309  
136 Boundary Avenue  
Fort Qu'Appelle, SK  
S0G 1S0

or

Email:  
[cao@fortquappelle.com](mailto:cao@fortquappelle.com)

Fax:  
306 332-5087