

# Municipal District of Opportunity No. 17

## FINANCE POLICY

**TITLE:** COMMUNITY GRANTS POLICY

**EFFECTIVE DATE:** April 23, 2025

**POLICY NUMBER:** F.6

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### **I. PURPOSE:**

The Municipal District of Opportunity No. 17 (the "MD") wishes to provide grants to residents of the MD to improve their quality of life and support activities that support the community.

The Policy outlines the types of grants available and the criteria. All grant applications will be assessed based on the Policy to ensure equitable, accountable and effective use of grants to further the purpose of the Policy.

The Policy applies to all grants but specific grants may have additional application and eligibility requirements. Each grant must be used for the purpose specified and some grants may have additional conditions or reporting requirements that must be met to obtain and retain the grant.

### **II. APPLICATION:**

The Policy applies to the following grants:

1. Water and Sewer Tank Grants
2. Water and Sewer Tie-in Grants
3. Heat Grant
4. Utility Grant
5. Graduation Grant
6. Community Event & Recreation Grant
7. Emergency Senior Home Repair Program

### **III. DEFINITIONS:**

Specific grant programs described in this policy may use additional or different definitions pertaining just to that program, which will be set out in the program section:

1. **Activity Report** means a written report detailing use of grant money including what took place, how the grant was spent, and what benefits were gained by the community, individual or group.

2. **Annual Income Threshold** means the maximum annual net household income a household with a certain number of adult occupants may have to be eligible for a grant, as noted below:

| number of adult occupants | maximum annual net household income |
|---------------------------|-------------------------------------|
| 1 person                  | \$75,000                            |
| 2 persons                 | \$85,000                            |
| 3 persons                 | \$95,000                            |
| 4 persons                 | \$100,000                           |

3. **Applicant** means the Individual or Organization that applies for a grant.
4. **Council** means the council of the Municipal District of Opportunity No 17.
5. **Financial Report** means a statement of an organization's current financial condition, including an Income Statement & Balance Sheet certified by at least two Board members, and includes any additional information requested by MD.
6. **Individual** means an individual who is not affiliated with an Organization.
7. **MD** means the Municipal District of Opportunity No 17.
8. **Organization** means a registered not-for-profit organization in good standing with corporate Registries such as a society or company.
9. **Owner** means a person registered under the *Land Titles Act* as owner or part owner of land.
10. **Permanent Resident** means an individual who resides year-round within the MD and who has been living in the MD continuously for at least six months preceding the date of application.
11. **Principal Residence** means a housing unit, deemed fit for occupancy, owned and lived in primarily during the year.
12. **Senior** means an individual age 65 years or older.

#### IV. APPLICATIONS - GENERAL

1. All Applicants must submit a complete and legible application package, which includes an application form and any other information required to the MD to review the application, by the application deadline. Specific grants may have additional application requirements.
2. Application forms must be complete and signed by the Applicant.
3. Applicants who are Organizations must include a report from Corporate Registries evidencing the Organization is in good standing.
4. Applicants may provide proof of Permanent Residency by providing municipal utility bills or provincial or federal documentation showing the Applicant's address.

5. Applicants may provide proof of Annual Income Threshold by providing relevant Canada Revenue Agency notices of assessment for the most recent tax year. This must include Schedule 90 from the T1 General Return if tax-exempt income is earned by the Individual.
6. Applicants are eligible for one grant per calendar year.
7. Additional applications may be considered at the discretion of the MD in exceptional circumstances subject to budget availability.
8. Applications from Individuals or Organizations who failed to meet the conditions or reporting requirements of a previous grant, misrepresented information in a previous application or used previous grant funds in a manner contrary to the intention of the grant may, at the discretion of the MD, not be considered for future grants.
9. Applicants who are not in good standing with the MD on the application deadline date, including owing a debt to the MD or being engaged in active litigation or enforcement with the MD, are not be eligible for a grant.
10. Applicants who are eligible for provincial or federal funding are not eligible for a grant from the MD for the same purpose.
11. Applicants to receive provincial or federal funding are not eligible for a grant from the MD for the same purpose. If an Applicant has received, in the same year, federal or provincial funding for the same purpose as a grant received from the MD, Administration will cancel the grant from the MD and demand repayment of any expended grant funds.

## **V. REVIEW OF APPLICATIONS**

1. All applications will be reviewed for completeness and policy alignment by Administration prior to review and approval.
2. Incomplete or illegible application packages will be returned to the applicant to revise and resubmit accordingly. The revisions must be submitted by the deadline for applications.
3. Applications received after the application deadline will not be considered.
4. Late applications may be considered at the discretion of the MD in exceptional circumstances and subject to budget availability.
5. Applications that include incorrect or inaccurate information or misrepresent information, or are subsequently found to include incorrect or inaccurate information or misrepresent information will not be considered.
6. If Administration determines Family and Community Support Services (FCSS) funding is available for the application, Administration will redirect the application to FCSS for review.
7. Administration may refer complete applications to Council for their consideration if the application:

- a. exceeds the grant limit;
  - b. is submitted after the deadline;
  - c. exceeds the grant budget; or
  - d. is unusual, unique or exceptional.
8. If an application is referred to Council, Administration shall review the application and provide a report and recommendation in a Request for Decision to Council for consideration.
9. After review, Administration will advise the Applicant, in writing, if the application is successful and outline the conditions or reporting requirements.
10. All application decisions are final.

## **VI. USE OF GRANTS**

- 1. Grants may only be used for the purpose for which the grant is given in accordance with the conditions of the grant.
- 2. Grants are not transferable.
- 3. Grants may not be used for the following purposes:
  - a. as a loan;
  - b. to pay salaries, wages or honoraria;
  - c. to pay the costs of programs or events hosted or otherwise funded by the MD.
- 4. If a grant is not fully spent within 12 months of the date the grant is issued, the Applicant must refund the remaining funds to the MD unless otherwise approved by the MD to hold funds due to uncontrollable issues or delays, at the MD's sole discretion.
- 5. If Administration exercises their discretion to provide a grant in advance of costs being incurred, relevant information and documents required as part of the application package may be deferred, as conditions or reporting requirements of the grant, to be provided when the work eligible for the grant is complete.

## **VII. TYPES OF GRANTS**

### **A. WATER AND SEWER TANK GRANT**

- 1. The purpose of the Water and Sewer Tank Grant is to assist residents with the proper and certified installation or replacement of water and sewer tanks at their residential properties to ensure public safety and protect the environment.

2. An Applicant may apply to be reimbursed for the following at their residential property:
  - a. installation of a new certified water tank or replacement of an existing water tank; and
  - b. installation of a new certified sewer tank or replacement of an existing sewer tank.
3. Only one grant for installation or replacement of a water tank and one grant installation or replacement of a sewer tank is available per residential property, as determined by the MD. If a resident has been approved for a grant for this work previously, they will not be eligible for an additional grant for the same work being completed.
4. A maximum grant for a water tank is \$10,000 or a sewer tank is \$10,000, up to a maximum of \$20,000.
5. In addition to the application requirements in Part IV, an Applicant must include the following information in their application package:
  - a. a certificate of title dated no more than 5 days from the date of the application showing the Applicant is the Owner;
  - b. for residences located in Chipewyan Lake, Trout Lake or Peerless Lake, a letter from Bigstone Cree Nation or Peerless Trout First Nation confirming residency & authorizing work for the property being applied for;
  - c. proof of Permanent Residency;
  - d. invoices showing the nature of the work;
  - e. receipts for full payment;
  - f. confirmation the installation was done in accordance with the *Safety Codes Act* and meets the requirements of the *Safety Codes Act*, namely be providing the MD with a closed compliant safety codes permit;
  - g. if the application is for the replacement of an existing tank, confirmation from a certified inspector that the existing tank is failing; and
  - h. any other information required by Administration to review the application.
6. Applications must be received by the MD no later than December 1.
7. Grants are only available if the installation is completed by an appropriate certified installer.
8. Grants are only available for residential properties that have dwellings which are fit for occupancy and have a continuous source of heat, as determined by the MD.
9. Grants are only available to Individuals who reside at the residential property at the date of the application or who will reside at the residential property within 12 months of receipt of the grant. Seasonal residences or residences not considered a "Principal Residence" may

be considered for grant eligibility, subject to budget availability and at the sole discretion of the MD.

10. Applicants may request the MD pay the grant directly to the contractor upon completion of the work, which Administration may, at its sole discretion, approve.
11. Applications from Organizations who operate residences may be considered by Administration if they align with the purpose of the grant.
12. Housing corporations and authorities are not eligible to apply.

## **B. WATER AND SEWER TIE-IN GRANTS**

1. The purpose of the Water and Sewer Tie-In Grant is to assist residents with tying into municipal water and sewer utilities to promote public safety and efficient service delivery.
2. An Applicant may apply for the following at their residential property:
  - a. the cost of water tie-in work or reimbursement for a water tie-in work; and
  - b. the cost of a sewer tie-in work or reimbursement for a sewer tie-in work.
3. Only one grant for is available for a water tie-in and a sewer tie-in per residential property, as determined by the MD.
4. A maximum grant for a tie-in is \$5,000.
5. Tie-in costs may include the cost of installation and associated landscaping.
6. In addition to the application requirements in Part IV, an Applicant must include the following information in their application package:
  - a. a certificate of title dated no more than 5 days from the date of the application showing the Applicant is the Owner;
  - b. for residences located in Chipewyan Lake, Trout Lake or Peerless Lake, a letter from Bigstone Cree Nation or Peerless Trout First Nation confirming residency & authorizing work for the property being applied for;
  - c. proof of Permanent Residency;
  - d. invoices showing the nature of the work to be done or completed;
  - e. receipts for full payment, if work is complete;
  - f. confirmation the installation was done in accordance with the *Safety Codes Act* and meets the requirements of the *Safety Codes Act*, namely be providing the MD with a closed compliant safety codes permit;
  - g. any other information required by Administration to review the application.

7. Applications must be received by the MD no later than December 1.
8. Grants are only available if the work is complete by the appropriate certified professional.
9. Grants are only available for residential properties that have dwellings which are fit for occupancy and have a continuous source of heat, as determined by the MD.
10. Grants are only available to Individuals who reside at the residential property at the date of the application or who will reside at the residential property within 12 months of receipt of the grant. Seasonal residences or residences not considered a "Principal Residence" may be considered for grant eligibility, subject to budget availability and at the sole discretion of the MD.
11. Applicants may request the MD pay the grant directly to the contractor upon completion of the work, which Administration may, at its sole discretion, approve.
12. Applications from Organizations who operate residences may be considered by Administration if they align with the purpose of the grant.
13. Housing corporations and authorities are not eligible to apply.

### **C. HEATING FUEL GRANT**

1. The purpose of a heat grant is to provide funding for eligible residents to ensure their residences are sufficiently heated to promote public safety and well-being.
2. An Applicant may apply for a grant to a maximum of \$1,000 for propane, natural gas or firewood fuel for indoor heating of their residential property.
3. Applications must be received by the MD no later than December 1.
4. Eligible Applicants must be Permanent Residents and meet the Annual Income Threshold. Applications will be reviewed and prioritized on a first-come, first-served basis up to budget availability.
5. In addition to the application requirements in Part IV, an Applicant must include the following information in their application package:
  - a. proof of Permanent Residency;
  - b. proof of Annual Income Threshold;
  - c. proof of Age; and
  - d. any other information required by Administration to review the application.
6. Grants may only be used to purchase propane, natural gas or firewood to heat the Applicant's residence. Applications must include the invoice and receipt of payment showing the type of fuel purchased and total invoice amount.

#### **D. UTILITY GRANT**

1. The purpose of the Utility Charge Grant is to provide financial assistance to eligible residents to assist with the payment of municipal utilities used at their residence, including snow removal.
2. An Applicant may apply for a grant of \$50/month pay for their residential property municipal utilities for each month of eligibility for the calendar year..
3. Applications must be received by the MD no later than October 1 for the following calendar year.
4. Eligible Applicants must be Permanent Residents, must have the utility account in their name and must meet the Annual Income Threshold.
5. In addition to the application requirements in Part IV, an Applicant must include the following information in their application package:
  - a. proof of Permanent Residency;
  - b. proof of Annual Income Threshold;
  - c. proof of age;
  - d. utility account information, including utility account numbers; and
  - e. any other information required by Administration to review the application.
6. Grants for successful Applicants will be applied directly to the Applicant's utility account as a credit.
7. If an Applicant moves before the grant is fully used, Administration may terminate the grant. If the Applicant moves to another residence in the MD, Administration may transfer the remaining grant money to utility accounts for the new address if they are in the name Applicant.
8. Applications from Organizations who operate residences may be considered by Administration if they align with the purpose of the grant.
9. Housing corporations and authorities are not eligible to apply.

#### **E. GRADUATION GRANT**

1. The purpose of Graduation Grants is to provide financial assistance to students who have successfully completed a grade 12 education at a school in the MD and will receive a high school diploma.
2. The principal of a school in the MD may apply for a grant in the amount of \$200 on behalf of every student graduating from the high school and receiving a high school diploma in a calendar year.

3. Applications must be received by the MD no later than May 1.
4. In addition to the application requirements in Part IV, the Applicant must include the following information in their application package:
  - a. a list of all eligible students, including their first and last names and mailing address; and
  - b. any other information required by Administration to review the application.
5. Grant cheques will be provided in the name of each eligible student and provided to the high school principal for distribution.

#### **F. COMMUNITY EVENTS & RECREATION GRANT**

1. The purpose of Community Events & Recreation Grants is to provide funding for community, cultural, arts, and sporting activities and events that promote an inclusive, positive, respectful and safe sense of community in the MD.
2. Individuals who reside in the MD and Organizations who primarily operate in the MD may apply for a Community Event & Recreation Grant.
3. The maximum grant for an Individual is \$200.
4. The maximum grant for an Organization is \$2,500.
5. Applications in excess of the maximum grant amounts will be reviewed by the Grants Committee.
6. In addition to the application requirements in Part IV, an Applicant must include the following information in their application package:
  - a. a description of the event or activity and how it aligns with the purpose;
  - b. a description of the size or scope of the event or activity including anticipated attendance;
  - c. proof of Annual Income Threshold (for individual applications)
  - d. for Organizations, relevant financial information; and
  - e. any other information required by Administration to review the application.
6. Administration will award grants based on the following criteria:
  - a. alignment with the purpose of the grant;
  - b. accessibility;
  - c. benefit to the community; and
  - d. financial need.

7. Applications will be ineligible for a grant if they are:
  - a. exclusive or member only events;
  - b. virtual events;
  - c. political or campaigning events;
  - d. private events such as weddings, birthdays, or funerals;
  - e. commercial, promotional or marketing events;
  - f. professional or semi-professional athletic events;
  - g. primarily religious events; or
  - h. events that promote or incite exclusion, racism, hatred or violence.
8. Past successful applications do not ensure future applications will be given.
9. Applications will be considered on a monthly basis and are due on the last business day of the month for review in the following month.
10. In addition to Section VI.3, Community Event & Recreation Grants cannot be used for the following:
  - a. purchase of alcohol, cannabis or related expenses;
  - b. capital improvements, construction or purchases; or
  - c. gifts.

#### **G. EMERGENCY SENIOR HOME REPAIR PROGRAM GRANT**

1. The purpose of the Senior Home Repair Program Grant is to assist senior residents with repairs or modifications needed to residential homes to address shortfalls in the safe level of occupancy. Each community is allotted a budget for repairs, set out by the Senior Home Repair Committee, for the purchase of required material and contractor costs.
2. An Applicant may apply for the following at their residential property:
  - a. the cost of repairs necessary to repair or modify the heating system for the home to ensure life safety; and
  - b. the cost of repairs necessary to repair or modify the water system (including hot water tank) for the home to ensure life safety.
3. Only one grant is available for a senior home repair per residential property per year, as determined by the MD. Applications in subsequent years (unless determined emergency required) will be considered lower priority compared to first-time applications if budgeted funding constraints exist.

4. A maximum grant for a senior home repair is \$10,000. Heating system repairs are eligible up to \$10,000, hot water tank replacements are eligible up to \$2,500.
5. In addition to the application requirements in Part IV, an Applicant must include the following information in their application package:
  - a. a certificate of title dated no more than 5 days from the date of the application showing the Applicant is the Owner;
  - b. for residences located in Chipewyan Lake, Trout Lake or Peerless Lake, a letter from Bigstone Cree Nation or Peerless Trout First Nation confirming residency & authorizing work for the property being applied for;
  - c. proof of Permanent Residency;
  - d. invoices showing the nature of the work to be done or completed;
  - e. receipts for full payment, if work is complete;
  - f. confirmation the installation was done in accordance with the *Safety Codes Act* and meets the requirements of the *Safety Codes Act*, namely be providing the MD with a closed compliant safety codes permit;
  - g. proof of age;
  - h. any other information required by Administration to review the application.
6. Applications must be received by the MD prior to the work being undertaken. Emergency requests may not require committee pre-approval, however application approval is still required for fund disbursement.
7. Grants are only available if the work is completed by the appropriate certified professional.
8. Grants are only available for residential properties that have dwellings which are fit for occupancy and have a continuous source of heat, as determined by the MD.
9. Grants are only available to Individuals who reside at the residential property at the date of the application or who will reside at the residential property within 12 months of receipt of the grant.
10. Applications must include three separate contractor cost quotes (can be waived in the sole discretion of the MD if three quotes are deemed not available). Upon approval of application, the scope of work approval is returned to the local contractor selected to complete the repairs. If the scope of work is in excess of the grant funding approved, the resident will be required to pay the difference to the contractor. Alternatively, the more crucial repairs can be prioritized and application can be made for the remainder of the repairs in the following year of eligibility.
11. Upon completion of the work, applicant must provide the following for cash disbursement of the approved grant to be completed:

- a. invoices showing the nature of the work to be done or completed;
- b. receipts for full payment, unless payment is being made directly to the contractor as noted below;
- c. confirmation the installation was done in accordance with the *Safety Codes Act* and meets the requirements of the *Safety Codes Act*, namely by providing the MD with a closed compliant safety codes permit;

Applicants may request the MD pay the grant directly to the contractor upon completion of the work, which Administration may, at its sole discretion, approve.

- 12. A community-based vendor list will be compiled by the Senior Home Repair Committee and can be provided to applicants at their request to assist acquisition of three contractor quotes.
- 13. Applications from Organizations who operate residences may be considered by Administration if they align with the purpose of the grant.
- 14. The Senior Home Repair Program and the MD shall be relieved of any and all burdens pertaining to the work conducted and any monetary transactions between the contractor and applicant (outside of payments being made directly to the contractor from the MD if approved).
- 15. Housing corporations and authorities are not eligible to apply.

## GENERAL GRANTS APPLICATION FORM

Applications must be complete, legible, signed and dated. This form must be included with all applications. Applicants should review both the general and specific application requirements set out in the Grants Policy. Incomplete or illegible application packages will not be considered. Applications should be submitted in advance of the application deadline. Applicants are responsible for ensuring all contact information is up-to-date.

1. Full name of Applicant  
(Individual or Organization): \_\_\_\_\_
2. For an Organization, name  
and position of authorized  
representative: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Street Address: \_\_\_\_\_
5. PO Box \_\_\_\_\_
6. Hamlet/Community: \_\_\_\_\_
7. Postal Code: \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. Circle Type of Grant being  
applied for:

|                    |                  |           |
|--------------------|------------------|-----------|
| Water/Sewer Tank   | Community Events | Heat      |
| Water/Sewer Tie-In | Graduation       | Utilities |
10. Amount of Grant  
being applied for: \_\_\_\_\_

*I certify that this application is correct, accurate and contains no misrepresentations.*

\_\_\_\_\_  
Printed Name of Applicant or  
Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

*Use General Form and then create an additional Form and checklist for each separate grant*

**WATER & SEWER TANK GRANT  
WATER & SEWER TIE-IN GRANT  
HEAT GRANT  
UTILITIES GRANT  
GRADUATION GRANT  
COMMUNITY EVENTS GRANT**

**F.6 Grants Policy Schedule B:**

**WATER & SEWER TANK GRANT APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ PHONE No. \_\_\_\_\_

LEGAL LAND DESCRIPTION: \_\_\_\_\_

- |     |                                                                                                                                                                    |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1.  | Are you the owner of this property?                                                                                                                                | YES | NO |
| 2.  | Are you or will you be residing on this property?                                                                                                                  | YES | NO |
| 3.  | Are you a permanent resident of MD 17 (of six months at least?)                                                                                                    | YES | NO |
| 4.  | Have you ever received the tie-in or tank grant for this property?                                                                                                 | YES | NO |
| 5.  | Does the residence have indoor plumbing?                                                                                                                           | YES | NO |
| 6.  | If you are replacing tank(s), have you had the tank(s) inspected?                                                                                                  | YES | NO |
| 7.  | Are the required Safety Codes permits in place? (attach copy)                                                                                                      | YES | NO |
| 8.  | Are your utility and tax accounts paid up to date?                                                                                                                 | YES | NO |
| 9.  | Is your contractor a licensed plumber?                                                                                                                             | YES | NO |
| 10. | Are you aware that the grant is a maximum of \$10,000 per tank?                                                                                                    | YES | NO |
| 11. | Are you aware that you are entirely responsible for the project?                                                                                                   | YES | NO |
| 12. | Are you aware all permits and inspections are your responsibility?                                                                                                 | YES | NO |
| 13. | Do you want the grant paid directly to the contractor directly?<br><i>(an invoice for completed work, approved by you, is required before the grant is issued)</i> | YES | NO |

I \_\_\_\_\_ hereby declare the above information is true and accurate and agree that all quotes, permits, construction, inspections, and warranty are solely my responsibility and that the M. D. of Opportunity assumes no liability.

SIGNATURE: \_\_\_\_\_

APPROVED: YES                      NO                      WATER TANK GRANT AMOUNT \_\_\_\_\_  
SEWER TANK GRANT AMOUNT \_\_\_\_\_

DETAILS: \_\_\_\_\_

**F.6 Grants Policy Schedule C:**

**WATER AND SEWER TIE-IN GRANT APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ PHONE No. \_\_\_\_\_

LEGAL LAND DESCRIPTION: \_\_\_\_\_

- |     |                                                                                                                               |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1.  | Are you the Landowner/Homeowner of this property?                                                                             | YES | NO |
| 2.  | Are you the Primary Resident on this property?                                                                                | YES | NO |
| 3.  | Is this your Principal Residence?(Reside more than six months of the year)                                                    | YES | NO |
| 4.  | Have you ever received a tie-in or tank grant before?                                                                         | YES | NO |
| 5.  | Does the residence have indoor plumbing?                                                                                      | YES | NO |
| 6.  | Is your utility account paid up to date?                                                                                      | YES | NO |
| 7.  | Do you have any outstanding tax arrears?                                                                                      | YES | NO |
| 8.  | Do you have any outstanding balances payable M.D. 17?                                                                         | YES | NO |
| 9.  | Are you aware that the grant amount is a maximum of \$5,000.00 for water tie-in and a maximum of \$5,000.00 for sewer tie-in? | YES | NO |
| 10. | Are you aware that you will be entirely responsible for the project?                                                          | YES | NO |
| 11. | Are you aware all permits and inspections are your responsibility?                                                            | YES | NO |

I \_\_\_\_\_ hereby declare the above information is true and accurate and agree that all quotes, permits, construction, inspections, and warranty are solely my responsibility and that the M.D. of Opportunity assumes no liability.

\_\_\_\_\_  
SIGNATURE

APPROVED:      YES      NO      AMOUNT \_\_\_\_\_

DETAILS:

**Declaration upon Completion**

I \_\_\_\_\_ hereby declare that the water tie-in installation is complete, and the landscaping is satisfactory. Upon payment by the MD to the Contractor, the Applicant hereby releases the MD from any further liabilities pertaining to the water tie-in installation and landscaping.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## F.6 Grants Policy Schedule D:

### Application for a Senior Utility / Heating Fuel Grant

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Legal Land Description: Plan: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Roll Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Application for: Utilities Grant \_\_\_\_\_ Heat Grant \_\_\_\_\_

#### Eligibility:

- a) Proof of Age Attached (copy of current picture identification with DOB) Yes No
- b) Are you the owner, lessee, or life estate holder of this property? (*Check one.*)  
Owner Lessee Life Estate
- c) Do you occupy this property as your primary residence? Yes No  
If yes, for how long? Less than 6 months \_\_\_\_\_ Over 6 months \_\_\_\_\_
- d) Proof of Income eligibility Attached: Yes No
- Canada Revenue Agency (CRA) Notice of Assessment.
  - Status Applicants – Schedule 90 – T1 General Tax return, titled: Income Exempt from Tax under the Indian Act.
- e) Do you have an existing tax account in your name? Yes No
- f) Do you have any current debts on your Municipal Service Accounts? Yes No

#### Heat Grant Specific:

g) I am applying for a grant for (circle one): Propane / Firewood / Gas

#### DECLARATION:

I declare that the above information is true and accurate. I declare that I will immediately inform the MD of Opportunity No. 17 if I cease to be eligible for the Senior Citizen Grant Programs for any reason such as that I cease to reside at the property, or I no longer have a utility or tax account with MD 17.

I understand that this grant approval may be revoked if my service accounts become delinquent or the ownership of the property changes, and that this agreement can become void for any valid reason at the discretion of MD 17.

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by MD Designate \_\_\_\_\_ Date \_\_\_\_\_

Approved: UT \_\_\_\_\_

Denied: UT \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

*The personal information submitted pursuant to this advertisement will be utilized for this Grant Program only and is subject to compliance with the Freedom of Information & Protection of Privacy Act.*

## **F.6 Grants Policy Schedule E:**

### **COMMUNITY EVENTS & RECREATION GRANT APPLICATION**

**1. THIS APPLICATION IS FOR THE FOLLOWING GRANT PROGRAM:**

☐ **Community Events Grant** ☐ **Recreation Grant**

**2. APPLICANT INFORMATION:**

Name of Grant Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Grant Recipient (if different): \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

Hamlet/Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**4. ORGANIZATION INFORMATION:**

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

Incorporation/Society Number: \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Executive/Board of Directors names: (List on the back and check here: \_\_\_\_\_).

**5. APPLICATION DETAILS:**

Describe Event/Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Location: \_\_\_\_\_

Details of goals & objectives of the activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why the MD should fund this project (who will benefit in what way): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ More details on the back? Y N

Grant amount requested: \_\_\_\_\_ Total project / activity cost: \_\_\_\_\_

Project / activity start date: \_\_\_\_\_ Project / activity completion date: \_\_\_\_\_

## 6. PAST GRANTS

Have the grant recipient or the organization received an MD 17 grant this or any other year? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes: Year or Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Type of Grant: \_\_\_\_\_ Activity Report Filed? Yes \_\_\_\_\_ No \_\_\_\_\_

*Acknowledgement: I hereby acknowledge that the grant recipient is required to file an Activity Report within 30 days of an event funded by a grant; that if the grant is not fully spent within the approval year the remainder must be repaid to MD 17 unless an extension is granted; that the grant program budgets are not guaranteed and MD 17 reserves the right to decline a grant application for any reason.*

Applicant Signature

Date

Print Name

For Office Administration Use Only:

Department Manager Approval (Signature): \_\_\_\_\_

Payee Name: \_\_\_\_\_ Relationship to Recipient: \_\_\_\_\_

Budget Code: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Cheque #: \_\_\_\_\_

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**F.6 Grants Policy Schedule F:**  
**GRADUATION GRANT APPLICATION**

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE No. \_\_\_\_\_

**DOCUMENTATION TO INCLUDE:**

1. List of eligible students, including first name, last name & mailing addresses.

I \_\_\_\_\_ hereby declare the above information is true and accurate and all students listed are graduating from the school and receiving a high school diploma at the end of the current school year.

\_\_\_\_\_  
SIGNATURE

APPROVED:      YES              NO              AMOUNT \_\_\_\_\_

DETAILS:

**Cheque Distribution**

Cheques will be prepared in the name of the students and will be provided to the high school principal for distribution.

## F.6 Grants Policy Schedule G:

### EMERGENCY SENIOR HOME REPAIR GRANT APPLICATION

#### 1. APPLICANT INFORMATION:

Name of Grant Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Grant Recipient (if different): \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

Hamlet/Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### 2. APPLICATION DETAILS:

LEGAL LAND DESCRIPTION: \_\_\_\_\_

| Circle Type of Grant being applied for:                                                                                  | Heating System | Water System |
|--------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 1. Are you the Landowner/Homeowner of this property?                                                                     | YES            | NO           |
| 2. Are you the Primary Resident on this property?                                                                        | YES            | NO           |
| 4. Have you ever received a Senior Home Repair grant before?                                                             | YES            | NO           |
| 6. Is your utility account paid up to date?                                                                              | YES            | NO           |
| 7. Do you have any outstanding tax arrears?                                                                              | YES            | NO           |
| 8. Do you have any outstanding balances payable M.D. 17?                                                                 | YES            | NO           |
| 9. Are you aware that the grant amount is a maximum of \$10,000 for furnace and a maximum of \$2,500 for hot water tank? | YES            | NO           |
| 10. Are you aware that you will be entirely responsible for the project?                                                 | YES            | NO           |
| 11. Are you aware all permits and inspections are your responsibility?                                                   | YES            | NO           |

I \_\_\_\_\_ hereby declare the above information is true and accurate and agree that all quotes, permits, construction, inspections, and warranty are solely my responsibility and that the M.D. of Opportunity assumes no liability.

Grant amount requested: \_\_\_\_\_ Total project cost: \_\_\_\_\_

Project start date: \_\_\_\_\_ Project completion date: \_\_\_\_\_

#### Declaration upon Completion

I \_\_\_\_\_ hereby declare that the project is complete, and all applicable work has been completed for the grant applied for. The Applicant hereby releases the MD from any liabilities pertaining to the work completed and monetary transactions are between the Contractor and the Applicant.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_