



Clear Hills County

Effective Date: **March 25, 2003**

Policy Number: **1208**

Title: **CEMETERY GRANT**

1. Policy Statement

- 1.1. Clear Hills County will provide funds in the annual budget for the purpose of assisting with the maintenance or upgrading of public cemeteries within the County.

2. Role of Council

- 2.1 Council may set an amount within the annual budget, to be distributed as a cemetery maintenance grant.
- 2.2 Council shall review grant applications and shall distribute funds (to a maximum of \$500/yr per cemetery) for purchase of materials or services only. Grants shall not be provided for the cost of labor.
- 2.3 Council reserves the right to decline a grant application if the application does not fall within the guidelines for which the funds are to be used, is not received by the due date, or if the organization has received grant funding within the past three years.
- 2.4 Council may consider contributions of gravel to be part of a grant.

3. Guidelines

- 3.1. Applications must be submitted using the application form in Appendix "A" by April 30th each year.
- 3.2. A financial accounting statement of expenditures must be filed the earlier of 90 days after completion of the project or a year after receiving the funds.

4. End of Policy

ADOPTED: Resolution #C187-03

Date: March 25, 2003

AMENDED: Resolution #C876-03

Date: November 25, 2003

AMENDED: Resolution #C447-04

Date: May 25, 2004

AMENDED: Resolution #C505(05/23/06)

Date: May 23, 2006

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CEMETERY GRANT APPLICATION FORM

Deadline April 30th

CEMETERY

Name: _____ Location: _____

Operating Organization: _____

Contact Person: _____ Phone No: (day) _____ (evening) _____ (fax) _____

List of Executive: (On a separate piece of paper, provide a list of your current executive and/or board of directors, complete with names, positions/titles, addresses and phone numbers)

PROJECT

Project Description/Details: (On a separate piece of paper provide a detailed description of project, including the need for the project, and why you believe it should be funded.)

Total Project Cost \$ _____

FUNDING

Cemetery Grant Requested (max. grant \$500/yr) \$ _____

Donated Labour / Services _____

Donated Material / Equipment _____

Other funding: _____

Total Project Funding \$ _____ (This figure should be the sum of above figures and equal to the total project cost)

Have you received a cemetery grant from the County in the past 3 years? ___ Yes ___ No

If yes:	Year _____	Amount _____	Project _____
	Year _____	Amount _____	Project _____
	Year _____	Amount _____	Project _____

DECLARATION

I declare that:

- I am a duly authorized representative having legal and/or financial signing authority for the above organization.
- The information contained in the application and supporting documents is true and accurate and endorsed by the above organization.
- A financial accounting statement of expenditures will be submitted to the Clear Hills County the earlier of 90 days after completion of the project and a year after receiving the funds.
- The Clear Hills County will be advised when the project starts should funding be approved.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE NO. (work) _____ (home) _____

DATE: _____
