



# Clear Hills County

Effective Date: **February 22, 2011**

Policy Number: **1215**

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).
- 2.3 Cemetery grant funding is unconditional and the cemetery operating group may use it as necessary for the upgrade and/or maintenance of the cemetery site.
- 2.4 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 year.

## 3. Guidelines

- 3.1. Applications must be submitted using the application form in Appendix "A" annually.
- 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
AMENDED: Resolution #C213(04/10/07)	Date: April 10, 2007
AMENDED: Resolution #C358(05/22/07)	Date: May 22, 2007
AMENDED: Resolution #C695(09/28/10)	Date: September 28, 2010
AMENDED: Resolution #C160(02/22/11)	Date: February 22, 2011

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## CEMETERY GRANT APPLICATION FORM

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