

Fort Chipewyan Historical Society

2018 Operating Grant Analysis

CIP Grant Summary:

2015	2016	2017	2018 Request	2018 Recommended by CIP	Difference of Recommended vs. Requested
100,000	143,000	143,000	122,290	122,300	10

Program Reporting Required:

Six Month & Annual Reports

Financial Reporting Required:

Review Engagement Financial Statements

Notes:

The Fort Chipewyan Historical Society has reduced its grant request in 2018 by approximately 15%, mainly through finding cost savings opportunities. Administration will continue to work with this organization to seek out alternative funding sources in the future.

Budget Line Description	2018 Budget Request	2018 Recommended
Revenues		
RMWB 2018	122,290	122,300
Sales of Souvenirs/crafts	25,000	-
Donations	2,000	-
December Craft Sale	1,500	-
Total Revenues	150,790	122,300
Expenses		
Utilities	9,250	9,250
Phone/Fax	2,900	2,900
Office Supplies	1,600	1,600
Insurance	9,200	9,200
Maintenance & Repairs	1,500	1,500
Advertising	600	600
Bank Fees	40	40
Licenses/Memberships	300	300
Souvenir/Craft Supplies	24,000	-
Donations	700	-
Salaries/Wages/MERC	99,300	96,910
Miscellaneous	1,400	-
Total Expenses	150,790	122,300
Total Surplus (Deficit)	\$ -	\$ -



Community Operating Grant Part A - Organization Summary

Organization Name:	Fort Chipewyan Historical Society
Street Address:	109 Mackenzie Avenue
City/Hamlet:	Fort Chipewyan
Province:	Alberta
Postal Code:	T0P1B0
Phone Number:	(780) 697-3844
Website:	
Fiscal Year End:	December 31
Act Registered Under:	Societies Act (Alberta)
Registration Number:	503581654

Note: Organization must be in good standing to receive funding.

Main Contact	
Title:	Director, Bicentennial Museum
Name:	Maureen Clarke
Daytime Phone:	(780) 697-3844
Email Address:	fortchipmuseum@telus.net
Executive Director	
Name:	
Daytime Phone:	
Email Address:	
Board Chair / President	
Name:	Oliver Glanfield
Daytime Phone:	FOIP s.17(1)
Email Address:	

Declaration of Board Members - In making this application, we, the undersigned, confirm that we are authorized by the applicant organization to complete the application and hereby represent to the Regional Municipality of Wood Buffalo's Community Investment Program and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent.

Oliver Glanfield
Signature of Board Member

(must have signing authority)

Oliver Glanfield
Print Name

Maureen Clarke
Signature of Board Member or Executive Director

(must have signing authority)

Maureen Clarke
Print Name

2017-06-29

Date: (Year-Month-Day)

2017-06-29

Date: (Year-Month-Day)

