



# Capital Funding Application

Crossfield Recreation Board

The Town of Crossfield has capital grant funding available to community organizations who are registered under the Alberta Societies Act and operating a district amenity providing recreational or cultural services that are open for the use and enjoyment of all Town of Crossfield residents. This grant funding must be used for capital purchases related to the repair and/or enhancement of existing facilities or the development of a new facility. Studies required for long-term planning resulting in capital funding investment, such as a Life Cycle Plan, are eligible under this program.

This capital assistance grant is based on a cost-sharing program. The Board may approve up to 50% funding of the total capital project; however, this will be at the discretion of the Crossfield Recreation Board and Crossfield Council for facilities located within town.

## Application Deadlines

Spring Funding: March 1, 4:30 pm

Fall Funding: October 1, 4:30 pm

Submitted applications will be reviewed by the Administration Liaison and forwarded to the Crossfield Recreation Board. Upon review, recommendations from the Board will be forwarded to Town of Crossfield Council for consideration and voting.

Organizations are required to provide copies of invoices or receipts for work completed or items purchased as part of the Project Completion Report, which must be submitted once funds are spent.

It is the responsibility of the applicants to submit a complete application with clear and sufficient information. Incomplete applications will not proceed past the screening process.

It should be noted that the grant process is competitive - applicants should submit clear, concise, and complete applications. Submission of an application does not guarantee the applicant will be awarded all or part of the grant requested. Incomplete or unclear applications may be declined.

**I have read and agree to the above terms of this application. \***

Yes

## Contact Information

**Organization Name \***

## Organization Website

## Organization Society Registered Under

ie: Society's Act, Agriculture Society's Act, etc.

## Registered Society Number \*

## Organization Address \*

Mailing Address

City

Province

Postal

## Primary Contact \*

First Name

Last Name

## E-Mail Address \*

example@example.com

## Phone Number \*

Please enter a valid phone number.

## Alternate Contact \*

First Name

Last Name

## Phone Number \*

Please enter a valid phone number.

**E-Mail Address \***

example@example.com

**Total Amount of Funding Requested \***

**Name of Facility \***

**Address/Legal Land Description of Facility \***

**Registered Holder of Land Title \***

**If applicable, when did your organization last received funding from the Crossfield Recreation Board?**

**If you have received funding from the Crossfield Recreation Board in the past, has your organization submitted a Project Completion Form for its most recent project?**

Yes

No

**Is your facility/program receiving any financial assistance from other agencies? \***

Yes

No

If you answered yes to the above question, please explain.

Please give us a brief description of your organization. \*

Please describe, in detail, the work to be carried out and the need for this project. \*

Describe how the project will benefit your community. \*

Please indicate the number of people who access your facility, amenity or program for which funding is being sought who reside in:

Number of participants

Town of Crossfield

Rocky View County

Other Municipality

Is this project located in a neighbouring municipality? \*

Yes  
No

**If yes, how will access to Crossfield residents be assured? Is there an existing joint use agreement in place?**

**What months are the facility active? \***

January  
February  
March  
April  
May  
June  
July  
August  
September  
October  
November  
December

**Estimated project start date \***

**Estimated project completion date \***

**What are the annual operating costs of this facility? \***

ie: mortgage/rent, utilities, maintenance, insurance, etc.

# Project Budget

An answer is required for each box below. Please use "0" in boxes that do not apply.

## Bank Balance

	Balance
Chequing	
Savings	
GIC	
AGLC/Casino	
Other	
Total	

Please specify any additional accounts below

## REVENUE

	Amount
Requested grant amount	
Cash contributions **	
Donated in kind **	
Other grant funding ***	
Total Revenue	

\* Maximum Rec Board funding cannot exceed 50% of the total project cost  
\*\* "Cash contributions" and "Donated in kind" represent your matching amount which must equal or exceed grant request.  
\*\*\* Please attached a detailed list of other grant funding which has been applied for or approved for this project below.

If applicable, please specify 'Other'

**TOTAL PROJECT COST AND DONATED COMPONENTS BREAKDOWN**

If you are applying for funding for more than one project, please provide ALL quotes (3 required for each project) in the following tables.

**PROJECT #1 COSTS**

	Quote Cost (A)	Source of Quote	Quote Attached (Please attach at bottom of application)	Labour (B) (Volunteer labour valued at \$15/hr)	Equipment (C)
Winning Quote					
Quote #2					
Quote #3					

**PROJECT #2 COSTS**

	Quote Cost (A)	Source of Quote	Quote Attached (Please attach at bottom of application)	Labour (B) (Volunteer labour valued at \$15/hr)	Equipment (C)
Winning Quote					
Quote #2					
Quote #3					

**PROJECT #3 COSTS**

	Quote Cost (A)	Source of Quote	Quote Attached (Please attach at bottom of application)	Labour (B) (Volunteer labour valued at \$15/hr)	Equipment (C)
Winning Quote					
Quote #2					

### Quote #3

Please use this space to include any details that may require clarification for the above quotes.

### Total project costs \*

(Sum of A+B+C. This figure must equal "Total Revenue" above.

If your organization has a current operating surplus, capital reserve or unrestricted cash assets, explain what you plan to do with these funds if they are not being allocated to this project. \*

If you are unsuccessful in getting approved for the total amount of funds requested, how do you plan on completing the project? \*

Have you, or are you planning on receiving funding for this project from another government program, municipality or another level of government? \*

Yes

No

If yes, please explain.



## Supporting Documents

**The following documents must be submitted for your application to be considered complete**

- Current audited financial statement
- List of board members
- Society Bylaws
- 3 Quotes for each proposed project
- Other documents required for further clarification, as requested

## Declaration Statement

Please note: this application must be signed by the president and/or a director and who has signing authority for the organization.

**Name \***

**Title \***

**Date \***

Your personal information is being collected under the authority of section 4(c) of the Protection of Privacy Act (POPA) and is managed in accordance with the provisions of that Act. This information may be used and disclosed to external service providers for purposes related to registration, administration, and program billing. If you have any questions about the collection, use, or disclosure of your personal information, please contact the Town of Crossfield at 403-946-5565.

**Obligations Upon Receiving Funding**

Grant recipients will receive a Grant Letter outlining the approved grant amount, including specific items

approved or denied. Organizations may only spend grant funds on the specific items approved. Upon completion of the project, recipients must submit a Project Completion Report detailing how the money was spent and whether or not the stated objectives were achieved. Failure to submit a report may affect future grant application consideration. At any time, grant recipients must permit a representative of the Town of Crossfield to examine records to determine whether the grant funding has been used as intended and approved.

PREVIEW ONLY