



Crossfield and District Recreation Funding

## Operational Assistance Grant

The Town of Crossfield has operational grant funding available to **non-profit** community organizations operating a district amenity offering programs and/or services. Grant funding must be used for facilities, programs and/or services which provides recreational or cultural functions that are open for the use and enjoyment of Town of Crossfield.

This grant may be used for general operational expenses such as:

- insurance costs
- utilities expenses
- maintenance expenses
- sports and recreation programs
- small capital funding (renovation or construction) requests under \$5,000 (over \$5000.00 is a different application form)
- funding cannot be provided for items or projects that have already been purchased or paid for

Current and proposed operating budget, audited financial statements, and a complete list of board members must be attached to this application package.

Complete written applications are to be forwarded to the Town of Crossfield **prior to 4:30 pm March 1 and October 1** of each calendar year.

Applications will be reviewed by the Board and organizations will be advised within 30 days of the Recreation Board's recommendation.

It is the responsibility of the applicants to submit a complete application with clear and sufficient information. It should be noted that the grant process is competitive and applicants should submit the best application possible. Submission of an application does not guarantee the applicant will be awarded all or part of the grant requested and incomplete or unclear applications may be declined.

### Submit completed applications or any questions to:

Eris Latham at the Town of Crossfield  
E-Mail: [erisl@crossfieldalberta.com](mailto:erisl@crossfieldalberta.com)  
Mail: Box 500, Crossfield, Alberta T0M 0S0  
Fax: 403-946-4523  
Phone: 403-946-5565



# Operational Assistance Grant

District Facilities, Programs and Services

Please type or print clearly. Applicants must be a district organization serving Town residents. All information provided is public.

## Organization Information

Organization's Name: \_\_\_\_\_

Incorporation Act Registered Under (If Applicable): \_\_\_\_\_

Incorporation Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

*(All correspondence and cheques will be mailed to this address)*

## Primary Contact:

Name: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

## Alternate Contact:

Name: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

## Facility

Name of Facility: \_\_\_\_\_

Legal Description / Address: \_\_\_\_\_

Registered Holder of Land Title: \_\_\_\_\_

**Total Amount of Funding Requested: \$** \_\_\_\_\_

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

- Yes
- No

If yes, please explain.

Please give us a brief description of your organization.

Please describe what these funds will be used for.  
*(Please attach a separate piece of paper if you need additional space)*

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

- Within Rocky View County boundaries : \_\_\_\_\_
- Within Town of Crossfield Boundaries: \_\_\_\_\_
- Within another Municipality: \_\_\_\_\_

Describe how the project will benefit your community and the County.

Are there any months when this facility is closed for the entire month? Please mark the months closed:

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JAN                      | FEB                      | MAR                      | APR                      | MAY                      | JUN                      | JUL                      | AUG                      | SEP                      | OCT                      | NOV                      | DEC                      |

## BUDGET

Bank Balance: \_\_\_\_\_

EXPENSES	Budget \$	2022 Actual \$	2021 Actual \$
Salaries, wages and benefits			
Operating and Maintenance Expenses			
Materials, goods and supplies			
Utility costs			
Other			
<b>TOTAL EXPENSES</b>			

REVENUE	Budget \$	2022 Actual \$	2021 Actual \$
Memberships			
Grants			
Donations			
Other			
<b>TOTAL REVENUE</b>			

\*The above form is required. \*

### SUPPORTING DOCUMENTS

The following documents MUST be attached:

- Project Completion Form (if the organization received funding in the previous year)
- Financial statements
- Capital Projects – Minimum of three quotes per project
- Organization’s Proposed Operating Budget – include contributions from other sources and detailed expenditures
- List of organization’s board members
- Society Bylaws
- Other documents required for further clarification, as requested

**NOTE:** Letter of request MUST be signed by the president and/or a director and who has signing authority for the organization.

### Declaration Statement

I, the representative, certify that this application is complete and accurate.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive a Council grant. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and may become public information once it is submitted to Council during a Council meeting.

#### Obligations upon receiving grant

Grant recipients will receive a Grant Letter outlining the approved grant amount, including specific items approved or denied, and the project goals and outcomes expected. 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.