

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

Mail: Box 500, Crossfield, Alberta T0M 0S0

Fax: 403-946-4523 Phone: 403-946-5565



Operational Assistance Grant

District Facilities, Programs and Services

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

Organization Information			
Organization's Name:			
Incorporation Act Registered	d Under (If Applicable):		
Incorporation Number:			
Mailing Address:			
Postal Code:	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 T	itle:		
Total Amount of Funding F	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)
(Fiedse attaon a separate piece of paper if you need additional space)
Discos in discos the number of nearly who access your facility, amonity or program for which
Please indicate the <u>number of people</u> 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:
Are there any months when this facility is closed for the entire month? Please mark the months closed: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

BUDGET			
Bank Balance:			
EXPENSES	Budget \$	2023 Actual \$	2022 Actual \$
Salaries, wages and benefits			
Operating and Maintenance Expenses			
Materials, goods and supplies Utility costs			
Other			
Othor			
TOTAL EXPENSES			
REVENUE	Budget \$	2023 Actual \$	2022 Actual \$
Memberships			
Grants			
Donations			
Other			
TOTAL REVENUE			
*The above form is <u>REQUIRED</u> to be f your application is considered income			
SUPPORTING DOCUMENTS			
The following documents MUST be attached:			
 Project Completion Form (if the organization received Financial statements Capital Projects – Minimum of three quotes per project Organization's Proposed Operating Budget – inconsources and detailed expenditures List of organization's board members Society Bylaws Other documents required for further clarification, as 	ect clude contr	ributions fro	

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:	
	re:
Name:	
Title:	
Date:	
Signatur	Α.

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.