



Community Recreation Funding

## Capital Assistance Grant

The Town of Crossfield has capital grant funding available to community organizations 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.

Capital Assistance Grants are 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 District Recreation Board and Council for facilities located in the Town and County.

### Application Deadlines:

- March 1, 4:30 p.m.
- October 1, 4:30 p.m.

Completed applications will be reviewed by the Administration Liaison and recommendations forwarded to the Recreation Board. Organizations are required to provide copies of invoices or receipts for work completed or items purchased.

It is the responsibility of the applicants to submit a complete application with clear and sufficient information. Incomplete applications will not proceed in the screening process. 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 to or for further assistance contact:

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, ext. 261



Community Recreation Funding

## Capital Assistance Grant

Please type or print clearly. Applicants must be a district organization serving Town of Crossfield 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: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

## Facility

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

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

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

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  
*(Please attach a separate piece of paper if you need additional space)*

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:

- Within Rocky View County: \_\_\_\_\_
- Within Town of Crossfield: \_\_\_\_\_
- Outside Rocky View County boundaries: \_\_\_\_\_

Is this project located in a neighbouring municipality?

- Yes
- No

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

What are the annual operating expenses for this facility?

\_\_\_\_\_

How many months of the year does this facility operate?

\_\_\_\_\_

Estimated project start date:

\_\_\_\_\_

Estimated completion date:

\_\_\_\_\_

## Project Budget (\*this page is required\*)

### Revenue

Requested Grant Amount	\$	Maximum Town funding cannot exceed 50% of total project costs.
Cash Contributions	\$	Please note: <b>Cash contributions</b> and <b>donated in kind</b> represent your matching amount which must equal or exceed grant request.
Donated In Kind	\$	
Other Grant Funding	\$	Attach a detailed list of other grant funding which has been applied for or approved for this project.
<b>Total Revenue</b>	\$	

Total Project Cost and Donated Components Breakdown – If you are applying for funding for more than one project, please provide ALL quotes (3 for each project) in the following table.  
See Appendix C for an EXAMPLE.

Project Description	Quote Cost (A)	Source of Quote	Quote Attached	Quote used for Total Project Cost Calculation Below	Labour* (B)	Equipment (C)
A.	1.		<input type="checkbox"/>	<input type="checkbox"/>		
	2.		<input type="checkbox"/>	<input type="checkbox"/>		
	3.		<input type="checkbox"/>	<input type="checkbox"/>		
B.	1.		<input type="checkbox"/>	<input type="checkbox"/>		
	2.		<input type="checkbox"/>	<input type="checkbox"/>		
	3.		<input type="checkbox"/>	<input type="checkbox"/>		
C.	1.		<input type="checkbox"/>	<input type="checkbox"/>		
	2.		<input type="checkbox"/>	<input type="checkbox"/>		
	3.		<input type="checkbox"/>	<input type="checkbox"/>		

\*Volunteer labour valued at \$15 per hour.

**Total Project Costs= \_\_\_\_\_ (Sum of A + B + C) →** This figure must equal 'Total Revenue' above.  
Please indicate which quote you are using for this calculation.

- **Include quotes.** If not included, indicate source of estimates.
- **Include confirmation** of all corporate in kind materials and/or services (i.e. letter from donor).
- **Cash contribution should be supported by Financial Statements and letters from donors.**
- No retroactive funding is permitted for costs that have already been incurred prior to application submission.

## FINANCIAL ASSISTANCE

- A. 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.
- B. If you are unsuccessful in getting approved for the total amount of funds requested, how do you plan on completing the project?
- C. 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.

## Mandatory Attachments

- Minimum of three (3) quotes
- Audited financial statements
- List of organization's Officers and Directors

- ❖ **PLEASE NOTE:** If you have not heard from us within a week of your application submission, please get in direct contact with Eris Latham at [erisl@crossfieldalberta.com](mailto:erisl@crossfieldalberta.com).

## Declaration Statement

We, the two representatives, 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.