



COMMUNITY CAPITAL PROGRAM GRANT 2021 APPLICATION FORM

ORGANIZATION

Registered Name of Organization:

Incorporation #:

Mailing Address

Primary Contact Person:

Phone:

Email:

Alternate Contact for your Organization:

Phone:

Email:

FACILITY

Name of Facility for Proposed Project:

Street Address:

Registered Holder of Land Title:

Facility Lease Holder:

End Date of Current Lease (if applicable):

PROJECT INFORMATION

Project description summary:

PROJECT COSTS

TOTAL PROJECT COSTS: \$

(A detailed breakdown of costs estimates must be attached)

PROJECT FUNDING SUMMARY

Community Capital Program Grant:
(Maximum 1/3 of total project costs) \$

Other Grants \$

Cash / Fundraising \$

Donated Labour/Services \$

TOTAL PROJECT FUNDING \$

(Please attach a detailed list of all funding)

OPERATING IMPLICATIONS

Anticipated Annual **INCREASE** in Operating Expenditures: \$

OR

Anticipated Annual **SAVINGS** in Operating Expenditures: \$

Describe the impact of the project on facility operating costs. Describe how you intend to cover the future additional costs (please attach a post project operating budget if substantial changes are anticipated).

4. In the event your organization is not awarded 100% of the requested grant amount, do you still wish to be considered for funding? If yes, then how will your group manage a reduction in funding?

Check list of Required Supporting Documentation Attached with Application: (below, everything is capitalized, whereas in other documents and in this document, only the first word is capitalized. For consistency, consider making it all the same).

REQUIRED DOCUMENTATION	ATTACHED
Organization Information:	
List of Board and Executive Members	<input type="checkbox"/>
Previous Year Financial Statement	<input type="checkbox"/>
Copy of Organizational Approval Motion	<input type="checkbox"/>
Letters of Support for this Project from the Community	<input type="checkbox"/>
Copy of Certificate of Incorporation	<input type="checkbox"/>
Project Information:	
Project Description Details	<input type="checkbox"/>
Detailed Breakdown of Project Cost Estimates	<input type="checkbox"/>
Detailed List of Project Funding	<input type="checkbox"/>
Post Project Yearly Operating Budget (if changes anticipated)	<input type="checkbox"/>
Land Owner Letter of Support and copy of lease agreement (if applicable)	<input type="checkbox"/>

I DECLARE THAT:

- **I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION.**
- The information contained in this application and supporting documents is true and accurate and endorsed by the applicant.
- The general public shall have access to this facility for the provision of leisure and/or community services, including recreational, cultural, social, or community services.
- A signed financial statement/Expenditure Report will be submitted to the City of St. Albert within 60 days of completion of the project, verifying that funds were used for the purpose awarded, together with a summary of the project.
- Any grant awarded shall be used solely for the purposes stated within this application and according to program parameters.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the Chief Administrative Officer or his designated representative.
- The receipt of the Community Capital Program Grant from the City of St. Albert will be acknowledged in project promotion and advertising.

The personal information collected on this form is in accordance with section 33 of Alberta's *Freedom of Information and Protection of Privacy Act* (the *Act*). It will be used for the purpose of determining eligibility for Community Capital Project Grants. The information will be disclosed in accordance with section 40 of the *Act* which may include public disclosure. If you have any questions in regards to the collection, use or disclosure of this information, please contact the Senior Advisor, Grants & Partnerships at 780-459-1504 or aroyer@stalbert.ca.

Signature: _____

Date: _____

Name (Print): _____ **Position:** _____

Phone: _____

Date Received at Recreation & Parks Office: _____ **Initials:** _____