



Community Capital Program Grant 2010 Application Form

ORGANIZATION

Registered Name of Organization: _____
Act under which the Organization is incorporated: _____
Incorporation #: _____ Years in Existence: _____
Number of Members: _____ Number of Volunteers: _____
Mailing Address: _____
Primary Contact Person: _____
Phone: Work: _____ Home: _____ Fax: _____
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 \$ _____

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.)

BENEFITS OF THE PROJECT

1. How will this project benefit your organization? Why is the project required?

2. Describe the benefits for the general community. How is this project inclusive?

ADDITIONAL INFORMATION

1. Describe past successfully implemented projects.

2. Describe past and/or present collaborative relationships that your organization is a part of.

3. Describe how the on-going operations of your organization will be sustained during the project construction/development.

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:

Required Documentation	Attached <input checked="" type="checkbox"/>
<i>Organization Information:</i>	
List of Board & Executive Members	<input type="checkbox"/>
Previous Year Financial Statement	<input type="checkbox"/>
Organizational Approval Motion	<input type="checkbox"/>
Letters of Support for this Project from the Community	<input type="checkbox"/>
Current Certificate of Incorporation	<input type="checkbox"/>
<i>Project Information:</i>	
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	<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, or social services.
- During the course of the project, quarterly reports will be provided to the City of St. Albert which will include a detailed project update and a current project financial statement.
- 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 City Manager 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 Community & Protective Services Business Manager at (780) 459-1504.

Signature: _____

Date: _____

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

Phone: _____

Date Received at the Community & Protective Services Office:

_____ **Initials:** _____