

Recreation Facility Operational Grant Policy #72.0.3

1. POLICY STATEMENT

1.1. The County of Wetaskiwin No. 10 recognizes the importance of providing recreational funds to various Non Profit Community Associations within the County. This policy is to provide Operating assistance in offsetting expenses incurred in the operations of the Community Associations' facility that provides; recreation, sport, culture and leisure, along with other community based programs and activities that, without this partnership, the County of Wetaskiwin would not be able to sustain.

2. DEFINITIONS

2.1. Recreation Facilities: For the purpose of this Policy, Recreation Facilities include outdoor ice arenas, curling rinks, baseball diamonds, soccer fields, riding arenas, rodeo grounds, trails community halls and playgrounds. These facilities must be made available to the general public for usage through rental rates or free bookings.

3. PROCEDURE

3.1. Each Not-For-Profit Community Association that actively maintains and operates a Recreation Facility in the County of Wetaskiwin No.10 may submit only one (1) application for the Recreation Facility Operation Grant on an annual basis. (Associations that operate more than one facility on property (i.e. Community Hall and Curling Rink) may submit one application per facility.

3.2. The applicant must complete a Recreation Facility Operation Grant Application and submit to the required Recreation Zone Committee as per Policy #72.0.1 and #72.0.2.

3.3. The Application deadline shall be March 31st of each year.

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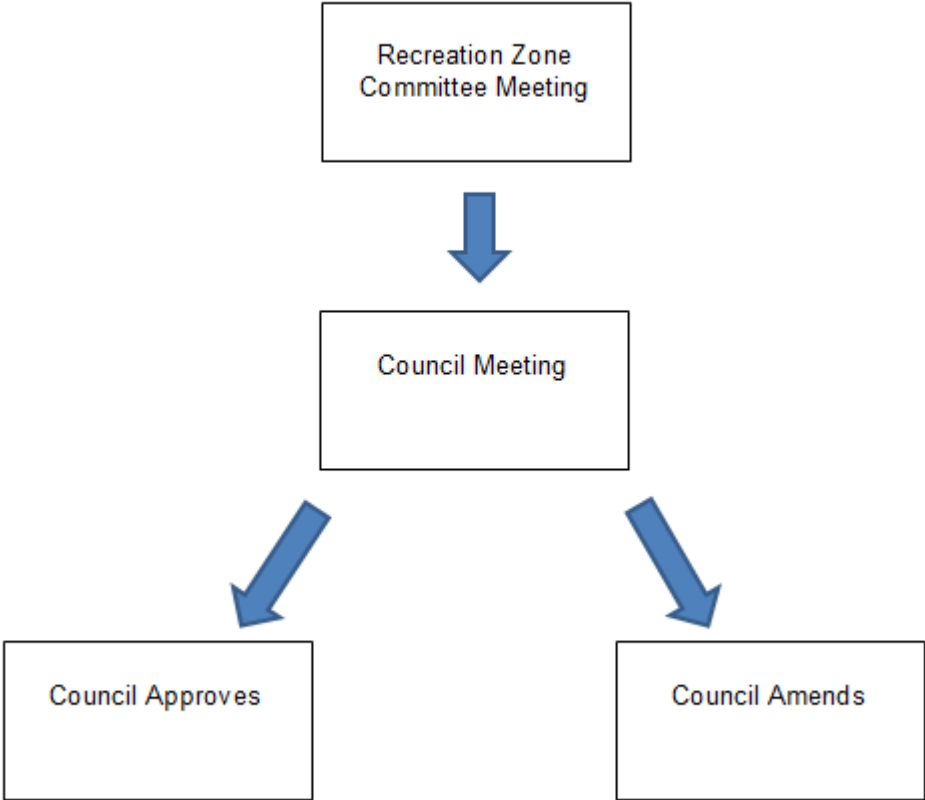
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- 3.4. The financial assistance available will be in the form of an annual grant as follows:
- 3.4.1. A Maximum 50% of eligible Recreation Facility operating costs with GST being excluded from the amounts awarded (annual maximum is contingent on Council's final approval) for:
 - 3.4.1.1. Sewer servicing (e.g. septic tank servicing, outdoor toilets)
 - 3.4.1.2. Electricity
 - 3.4.1.3. Natural Gas, Propane, Oil
 - 3.4.1.4. Custodial Costs
 - 3.4.1.5. Parking lot maintenance (e.g. snow removal, grading, gravel, etc.)
 - 3.4.1.6. Landscaping maintenance (e.g. grass cutting, tree removal, etc.)
 - 3.4.1.7. Out-Door Arena Maintenance (snow removal, ice maintenance, etc.)
 - 3.4.1.8. Curling Arena Maintenance (e.g. ice installation, maintenance, etc.)
 - 3.4.1.9. Insurance Costs
- 3.5. Each submitted Application shall also include the following:
- 3.5.1. Copies of the previous calendar year's operating expenses as outline in Section 4.
 - 3.5.2. Current Executive and/or Board of Directors of the organization.
 - 3.5.3. Previous year's annual financial statement signed and dated.
 - 3.5.4. Updated business plan.
 - 3.5.5. Proof of liability insurance coverage.
- 3.6. Applicants who have previously received any type of grant funding from the County of Wetaskiwin but have not fulfilled the requisite requirements for the grant(s) in questions will not be eligible for funding under this program until all outstanding requirements have been met.
- 3.7. The County of Wetaskiwin No.10 may conduct periodic site inspections to ensure proper operation, maintenance and community use of the funded amenity.
- 3.8. The County of Wetaskiwin No.10 retains the right to deny funding if proper operations and maintenance are not carried out or if community use is not evident.
- 3.9. Applicants must provide recognition of the County of Wetaskiwin's contribution of the Recreational Facility Operation Grant through printed media, signage or social media tools.

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Appendix A: Recreational Grant Process



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Appendix B: Blank Recreation Grant Application for Zones 1, 3, 4 & 5

<h2 style="margin: 0;">RECREATION GRANT FOR ZONES 1, 3, 4, & 5</h2>	<h2 style="margin: 0;">COUNTY OF WETASKIWIN NO. 10</h2>
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ORGANIZATION	Zone #
Incorporated (Legal) Name of Organization:	
Common Name of Organization (if different from incorporated name):	
Act your Group is Registered Under:	Is your Organization a: <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Corporation
Registration Number:	Registration Date:
Address:	
City:	Province: Postal Code:
Project Location Name of Facility (if applicable):	
Address or legal description (if different from above):	
City:	Province: Postal Code:
Primary Project Contact (This is the person we will call for project information):	
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	First Name: Last Name: Title:
Daytime Phone:	Ext: Fax: Email:
Alternate Project Contact:	
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	First Name: Last Name: Title:
Daytime Phone:	Ext: Fax: Email:
Signing Authority Contact (This is the legal/financial signing authority for the organization):	
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	First Name: Last Name: Title:
Daytime Phone:	Ext: Fax: Email:

PROJECT OVERVIEW
Project Name:
Project Type (pick one): <input type="checkbox"/> Facility Capital <input type="checkbox"/> Facility Operations <input type="checkbox"/> Program/Events
Main Category (Pick one):

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Arts Community Services Culture Education Environment Health Sports and Recreation

Other (please specify): _____

Group that will benefit from the project (pick one):

Children General Public Men Seniors Women Youth Other (please specify): _____

Organization Overview

a) What is the purpose of your organization?

b) What services do you provide to the community?

Project Description

a) Explain what you want to do with the funds. This includes a description of the issues and benefit to the community.

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b) How many people do you estimate or know will benefit from this grant?

c) If your grant is successful, how long will it take to complete your project once funding is approved?

Need For Financial Assistance

a) If your organization has a current operating surplus, operating reserves or unrestricted cash assets, explain what your plan is to do with these funds, if they are not allocated to this project.

b) If your organization has a current operating or accumulated deficit, explain how the deficit was acquired and your plan for reducing it.

c) Have you applied for, or already received, funding for this project from any other funding sources?

Yes (If yes, provide details) No

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Mandatory Attachments

- Financial Statement
- List of Executives. Include a complete list of Board Members and Organization Executive (i.e. CEO, Treasurer, or equivalent positions) along with daytime phone numbers and email, if available.
- Facility owner support (if applicable)
- Estimates, supplier quotations or sources of estimates
- Other supporting documentation (Example: Letter of Support from Community Groups)
- Business Plan (if requested)
- Capital Plan (if applicable)
- Detailed Budget (For Facility/Program)

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BUDGET

Revenue	
Requested Grant Amount	\$
Cash Contributions	\$
Donated In-Kind	\$
Other Funding	\$
Total Revenue	\$

Total Project Cost and Donated Components Breakdown			Amount Donated In-Kind (Labour/Equipment/Material)			
Item/Description	Cash/Cost(A)	Quote/Source of Estimate	Unskilled (B)	Skilled (C)	Equipment (D)	Material (E)
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
Sub-totals	\$					
	(A)		(B)	(C)	(D)	(E)
Total Project Costs=	\$	(Sum of A+B+C+D+E). This figure must equal 'Total Revenue' above.				
<ul style="list-style-type: none"> • 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 contributions should be supported by Financial Statements. 						

Signature of Applicant

Date

Print Name

Position

Zone Approval/Rejection

Date


The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom Of Information And Protection Of Privacy Act. The information will be used to process your application(s) and your name and address may be included on reports that are available to the public. If you have any questions on the collection and use of this information, please contact the FOIP Coordinator at (780) 352-3321.

All pertinent information included in a written submission received from the public that is presented to a Council, Committee or Board meeting of the County of Wetaskiwin becomes part of the public meeting minutes, unless otherwise requested by the individual in writing. Any personal information pertinent to the issue (including but not limited to, name legal land description) could be recorded in the public minutes of the meeting.

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Appendix C: Example Recreation Grant Application

<h1 style="margin: 0;">RECREATION GRANT FOR ZONES 1, 3, 4 & 5</h1>	<h1 style="margin: 0;">COUNTY OF WETASKIWIN NO. 10</h1> 
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ORGANIZATION

Zone # 1

Incorporated (Legal) Name of Organization: CROSS COUNTRY HALL			
Common Name of Organization (if different from incorporated name):			
Act your Group is Registered Under:		Is your Organization a:	
		<input checked="" type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Corporation	
Registration Number: 416908		Registration Date: June 28, 1984	
Address: PO BOX 1234			
City: WETASKIWIN		Province: ALBERTA	Postal Code: T9A 3P2
Project Location			
Name of Facility (if applicable): CROSS COUNTRY HALL			
Address or legal description (if different from above):			
City:		Province:	Postal Code:
Primary Project Contact (This is the person we will call for project information):			
<input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.		First Name: JOHN	Last Name: SMITH
		Title: President	
Daytime Phone: 780-555-1234	Ext:	Fax: 780-555-4321	Email: J.SMITH@CROSSCOUNTRYHALL.COM
Alternate Project Contact:			
<input type="checkbox"/> MR. <input checked="" type="checkbox"/> MRS. <input type="checkbox"/> MS.		First Name: ANNE	Last Name: SMITH
		Title: Secretary	
Daytime Phone: 780-555-1234	Ext:	Fax: 780-555-4321	Email: A.SMITH@CROSSCOUNTRYHALL.COM
Signing Authority Contact (This is the legal/financial signing authority for the organization):			
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input checked="" type="checkbox"/> MS.		First Name: JANE	Last Name: DOE
		Title: Treasurer	
Daytime Phone: 780-555-9876	Ext:	Fax: 780-555-6789	Email: JANE@GMAIL.COM

PROJECT OVERVIEW

Project Name: ROOF REPLACEMENT
Project Type (pick one):
<input type="checkbox"/> Facility Capital <input checked="" type="checkbox"/> Facility Operations <input type="checkbox"/> Program/Events
Main Category (Pick one):

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Arts
 Community Services
 Culture
 Education
 Environment
 Health
 Sports and Recreation

Other (please specify): _____

Group that will benefit from the project (pick one):

Children
 General Public
 Men
 Seniors
 Women
 Youth
 Other (please specify): _____

Organization Overview

a) What is the purpose of your organization?

OUR HALL SERVES A COMMUNITY OF APPROXIMATELY 500 PEOPLE, OF ALL AGES. OUR HALL IS AVAILABLE TO COMMUNITY MEMBERS AS WELL AS THE GENERAL PUBLIC AS A FACILITY TO HOST FITNESS PROGRAMS, SPORTING EVENTS, PRIVATE EVENTS, HOBBY GROUPS, CHILDREN'S PROGRAMS, ETC.

b) What services do you provide to the community?

WE PROVIDE RENTAL OF FACILITY SPACE, PROGRAMMING FOR CHILDREN, YOUTH, ADULTS, AND SENIORS.

Project Description

a) Explain what you want to do with the funds. This includes a description of the issues and benefit to the community.

WE ARE LOOKING TO OBTAIN FUNDING TO SUPPORT OUR MAINTENANCE EXPENSES, INCLUDING JANITORIAL WORK, GENERAL MAINTENANCE, LAWN CARE AND SNOW REMOVAL.

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b) How many people do you estimate or know will benefit from this grant?

APPROXIMATELY 500 PEOPLE

c) If your grant is successful, how long will it take to complete your project once funding is approved?

EXPENSES ARE ONGOING, BUT THE AMOUNT WE HAVE REQUESTED IS EXPECTED TO COVER ONE YEAR.

Need For Financial Assistance

a) If your organization has a current operating surplus, operating reserves or unrestricted cash assets, explain what your plan is to do with these funds, if they are not allocated to this project.

THE HALL CURRENTLY HAS \$16,000.00 IN OPERATING SURPLUS. WE ALLOCATE \$8000.00 TO OUR OPERATING RESERVE. WE REQUIRE \$12,000.00 PER YEAR FOR UTILITIES, JANITORIAL, AND GENERAL MAINTENANCE, SNOWPLOWING AND LAWN CARE. THEREFORE, WE WILL BE CONTRIBUTING THE REMAINING SURPLUS OF \$8,000.00 TO THE MAINTENANCE FUND.

b) If your organization has a current operating or accumulated deficit, explain how the deficit was acquired and your plan for reducing it.

NONE

c) Have you applied for, or already received, funding for this project from any other funding sources?

Yes (If yes, provide details) No

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Mandatory Attachments

- Financial Statement
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- Facility owner support (if applicable)
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- Other supporting documentation (Example: Letter of Support from Community Groups)
- Business Plan (if requested)
- Capital Plan (if applicable)
- Detailed Budget (For Facility/Program)

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BUDGET

Revenue	
Requested Grant Amount	\$4,000.00
Cash Contributions	\$8,000.00
Donated In-Kind	\$
Other Funding	\$
Total Revenue	\$12,000.00

Total Project Cost and Donated Components Breakdown			Amount Donated In-Kind (Labour/Equipment/Material)			
Item/Description	Cash/Cost(A)	Quote/Source of Estimate	Unskilled (B)	Skilled (C)	Equipment (D)	Material (E)
MAINTENANCE	\$3,000.00					
UTILITIES	\$5,000.00					
LAWN CARE	\$1,000.00					
SNOWPLOWING	\$1,000.00					
JANITORIAL	\$2,000.00					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
Sub-totals	\$12,000.00					
	(A)		(B)	(C)	(D)	(E)
Total Project Costs=	\$12,000.00	(Sum of A+B+C+D+E). This figure must equal 'Total Revenue' above.				

- 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 contributions should be supported by Financial Statements.

Jane Doe

Signature of Applicant

January 28, 2016

Date

Jane Doe

Print Name

Treasurer

Position

Zone Approval/Rejection

Date

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