

Recreation Capital Grant Funding Policy #72.0.5

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 Capital assistance with the capital costs associated with the conservation, development, and/or enhancement of community associations 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. Capital Cost for the purpose of this Policy, are fixed, one-time expenses incurred on the purchase of land, buildings, construction, and equipment used in the operations of a Recreation and/or Cultural Facility.

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

3. PROCEDURES

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 Capital 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 #712.0.2.

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

3.4. Grant Allocation: The allocation of the Community Associations Capital Grant is based on the assessed priority of the projects as follows:

3.4.1.1. Fire, Safety and Health – Projects that are required to conform to fire and safety codes.

3.4.1.2. Preventive Maintenance – Projects that are necessary to prevent the facility's infrastructure from deteriorating. (e.g. replace furnace, new roof, new wiring or plumbing, etc).

3.4.1.3. Renovation / Improvements – Projects that restore the facility to its previous condition due to ageing or heavy use (e.g., new flooring, replacement of bathroom or kitchen or electrical fixtures) or add a facility or amenity where one did not previously exist.

3.5. The financial assistance available will be in the form of an annual grant as follows:

3.5.1. Capital projects may be covered up to 50% of the cost of the project to a maximum of \$20,000 in total project costs in one year per Community Association Facility.

3.6. Retroactive funding will not be considered.

3.7. Each submitted Application shall also include the following:

3.7.1. Current Executive and/or Board of Directors of the Organization.

3.7.2. Previous year's annual financial statement signed and dated.

3.7.3. Updated business plan.

3.7.4. Proof of insurance coverage.

3.7.5. Letter of support from community.

3.7.5.1. There must be strong community support for the project. The County may require the facility proponents to host a meeting for the purpose of 1) presenting the project proposal to the community, and 2) determining the level of community support for the project.

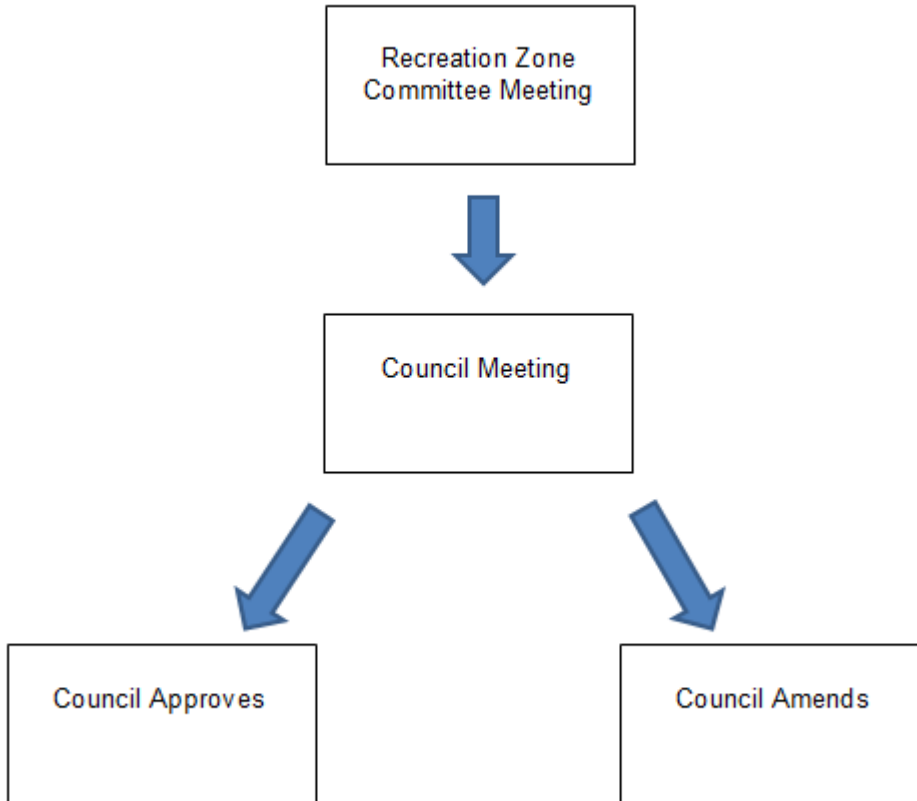
3.8. Applicants who have previously received any type of grant funding from the County of Wetaskiwin but have not fulfilled the requisite requirements for the grant(s) in questions will not be eligible for funding under this program until all outstanding requirements have been met.

3.9. Applicants must provide recognition of the County of Wetaskiwin's contribution of the Recreation Capital 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 1-5

RECREATION GRANT FOR ZONES 1-5	COUNTY OF WETASKIWIN NO. 10 
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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

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Main Category (Pick one):

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

RECREATION GRANT FOR ZONES 1-5	COUNTY OF WETASKIWIN NO. 10 
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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 checked="" 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?

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.

THE HALL IS CURRENTLY IN NEED OF A NEW ROOF. THE HALL WAS BUILT IN 1984, AND THE SHINGLES ARE ORIGINAL. WE HAVE BEGUN TO EXPERIENCE LEAKS, AND IN ORDER TO PROTECT OUR BUILDING THE ROOF WILL NEED TO BE REPLACED.

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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?

WE ANTICIPATE THE PROJECT WILL TAKE ABOUT TWO WEEKS TO COMPLETE, START TO FINISH.

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 \$34,000.00 IN OPERATING SURPLUS. WE ALLOCATE \$8000.00 TO OUR OPERATING RESERVE. WE REQUIRE \$12,000.00 PER YEAR FOR UTILITIES, JANITORIAL, AND GENERAL MAINTENANCE. THEREFORE, WE WILL BE CONTRIBUTING THE REMAINING SURPLUS OF \$14,000.00 TO THE NEW ROOF PROJECT.

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

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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	\$14,000.00
Cash Contributions	\$14,000.00
Donated In-Kind	\$
Other Funding	\$
Total Revenue	\$28,000.00

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)
MATERIALS	\$14,000.00					
LABOUR	\$14,000.00					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
Sub-totals	\$28,000.00					
	(A)		(B)	(C)	(D)	(E)
Total Project Costs=	\$28,000.00	(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.



 Signature of Applicant

January 28, 2016

 Date

Jane Doe

 Print Name

Treasurer

 Position

 Zone Approval/Rejection

 Date

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