

Zone 2 Recreation Grant Funding Policy #72.0.6

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 Operational and Program/Event assistance to 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. General

The recreational funds from Recreation Zone 2 (Pigeon Lake/Falun Area) is currently allocated based upon a 60/40 funding model, with 60% of total zone funding going to major facilities for operations and maintenance according to the approved cultural master plan. The allocated 60% is then divided among the major facilities based on the population to provide the annual Operational Funding Grant in Zone 2. The Major facilities below are eligible for the operations grant within Zone 2.

Halls	Population	% Allocation
Falun Community Hall	593	20.5%
Fletcher Hall	82	2.8%
Lakedell Community Centre	544	18.8%
Lone Ridge Hall	143	5%
Mulhurst Community Centre	403	14%
Pipestone Community Hall	426	14.7%
Porto Bello Community Hall	253	8.8%
Usona Community Centre	445	15.4%
Total	2889	100%

The remaining 40% will be allocated towards Recreation Program, Events and Activities Grant within Zone 2.

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Each fiscal year 1% of Recreation funds from Zone 2 are allocated to the Winfield Agriplex Arena in Recreation Zone 3 and that the increase is included in the County's 2016 Municipal Capital and Operating Budget deliberations for continuation in all future Recreation budget life cycles.

**Recreation Zone 2 Capital requests may be considered under Policy 12.3.6 Municipal Sustainability Initiative (MSI) Community Facility Funding Program Application. **

3. DEFINITIONS

3.1. **Facility Operational:** For the purpose of this Policy, Operational and Maintenance Costs include; Sewer servicing, Electricity Natural Gas, Propane, Oil Custodial Costs Parking lot maintenance, Landscaping maintenance, Out-Door Arena Maintenance, Curling Arena Maintenance and Insurance Costs.

3.2. **Recreation Program, Events and Activities:** For the purpose of this Policy, Recreation Program, Events and Activities include; Special Event Activities, New programming, New component to an existing program, Volunteer training.

4. PROCEDURES FOR OPERATIONS GRANT

4.1. Each Major Recreational Facility identified in the chart above that actively maintains and operates a Recreation Facility in Recreation Zone 2 within the County of Wetaskiwin may submit only one (1) application for the Recreation Operational Grant on an annual basis. The allocated funds to each facility will be provided by the County to the Recreation Committee at their request.

4.2. Facilities that have capital projects may apply to the Municipal Sustainable Initiative Program

4.3. 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.

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

4.5. Each submitted Application shall also include the following:

- 4.5.1. Copies of the previous calendar years operating expenses as outline in Section 4.
- 4.5.2. Current Executive and/or Board of Directors of the organization.
- 4.5.3. Previous year's annual financial statement signed and dated.
- 4.5.4. Updated business plan.
- 4.5.5. Proof of liability insurance coverage.

4.6. 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

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will not be eligible for funding under this program until all outstanding requirements have been met.

- 4.7. The County of Wetaskiwin No.10 may conduct periodic site inspections to ensure proper operation, maintenance and community use of the funded amenity.
- 4.8. 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.
- 4.9. 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.

5. PROCEDURES FOR RECREATIONAL PROGRAMS, EVENTS AND ACTIVITIES GRANT.

- 5.1. Each Not-For-Profit Community Association that actively maintains and pursues Recreational Programs, Events and Activities in the County of Wetaskiwin No.10 may submit one (1) application for each Recreational Programs, Events and Activities on an annual basis. (Associations that operate more than one Recreational Programs, Events and Activities) may submit one application per program.
- 5.2. 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.
- 5.3. The Application deadline shall be March 31st of each year.
- 5.4. The allocation of the Recreation Program, Events and Activities Grant is based on 50% contribution of eligible costs from the Community Association on the following criteria:
 - 5.4.1. Special Event Activities (i.e., Family Day, July 1st, Children's Christmas Party)
 - 5.4.2. New programming (i.e., start-up funds to support new programs, membership drives or equipment for programs)
 - 5.4.3. New component to an existing program (adding some new features to a program that is already successful to attract a greater community awareness/participation)
 - 5.4.4. Volunteer training (i.e., workshop attendance fees)
 - 5.4.5. Each program or event must provide services that are available for public use.
- 5.5. Eligible expenses include:
 - 5.5.1. Purchase of program supplies and equipment
 - 5.5.2. Payment for program / event staff or instructors
 - 5.5.3. Payment for entertainment
 - 5.5.4. Publicity costs
 - 5.5.5. Rental / facility Costs
 - 5.5.6. Food or non-alcoholic beverage costs
 - 5.5.7. Licensing / permit fee's (i.e., SOCAN, Liquor License, Public Performance License)

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5.6. Expenses not covered:

- 5.6.1. The purchase of alcohol for program / event
- 5.6.2. Programs already funded by another agency (e.g., FCSS)
- 5.6.3. Ice Rentals
- 5.6.4. School / Day Care programs

5.7. Each submitted Application shall also include the following:

- 5.7.1. Current Executive and/or Board of Directors of the organization.
- 5.7.2. Previous year's annual financial statement signed and dated.
- 5.7.3. Updated business plan.
- 5.7.4. Proof of liability insurance coverage.

5.8. 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.

5.9. The County of Wetaskiwin No.10 may conduct periodic site inspections to ensure proper operation, maintenance and community use of the funded amenity.

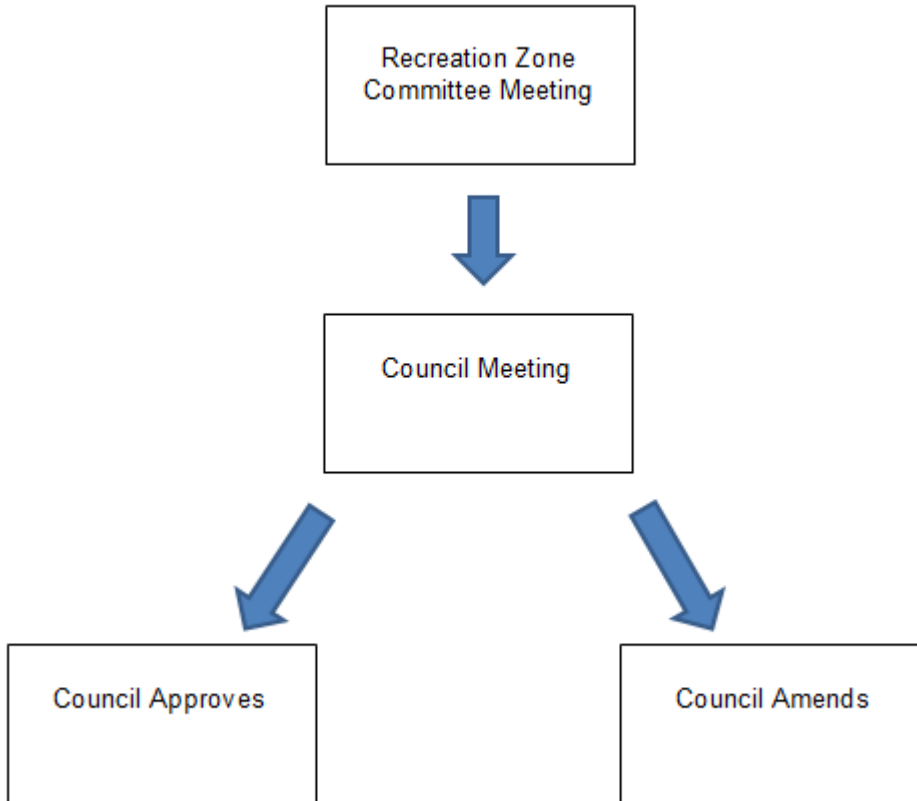
5.10. The County of Wetaskiwin No.10 retains the right to deny funding if proper operations and maintenance are not carried out or if community use is not evident.

5.11. 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 Zone 2 Grant Process



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Appendix B: Blank Recreation Grant Application for Zones 2

<h1 style="margin: 0;">RECREATION GRANT FOR ZONES 2</h1>	<h1 style="margin: 0;">COUNTY OF WETASKIWIN NO. 10</h1> 
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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 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

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ORGANIZATION

Zone # 2

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: OPERATING COSTS
Project Type (pick one):
<input type="checkbox"/> Facility Capital <input checked="" 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?

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 IS LOOKING FOR FUNDING TO COVER OPERATIONAL COSTS SUCH AS ELECTRICITY, GAS, POWER, SNOW REMOVAL, MOWING, CUSTODIAL, ETC.

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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 FUNDING WILL COVER THE 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 \$4,000.00 IN OPERATING SURPLUS. WE ALLOCATE \$2000.00 TO OUR OPERATING RESERVE. WE REQUIRE \$8,000.00 PER YEAR FOR UTILITIES, JANITORIAL, SEPTIC SERVICE, MOWING, SNOW REMOVAL, AND GENERAL MAINTENANCE.

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
- 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	\$6,000.00
Cash Contributions	\$2,000.00
Donated In-Kind	\$
Other Funding	\$
Total Revenue	\$8,000.00

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)
ELECTICITY	\$2,000.00					
GAS	\$2,000.00					
SNOW REMOVAL	\$400.00					
MOWING	\$600.00					
CUSTODIAN	\$2,400.00					
SEPTIC SERVICE	\$600.00					
	\$					
	\$					
	\$					
	\$					
	\$					
Sub-totals	\$8,000.00					
	(A)		(B)	(C)	(D)	(E)
Total Project Costs=	\$8,000.00	(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

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.

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