



Crossfield and District Recreation Funding

Operational Assistance Grant

The Town of Crossfield and Rocky View County has operational grant funding available to **non-profit** community organizations operating a district amenity offering programs and/or services. Grant funding must be used for facilities, programs and/or services which provides recreational or cultural functions that are open for the use and enjoyment of Town of Crossfield and Rocky View County residents.

This grant may be used for general operational expenses such as:

- insurance costs
- utilities expenses
- maintenance expenses
- sports and recreation programs
- small capital funding (renovation or construction) requests under \$5,000 (over \$5000.00 is a different application form)
- funding cannot be provided for items or projects that have already been purchased or paid for

Current and proposed operating budget, audited financial statements, and a complete list of board members must be attached to this application package.

Complete written applications are to be forwarded to the Town of Crossfield **prior to March 1 and October 1** of each calendar year.

Applications will be reviewed by the Board and organizations will be advised within 30 days of the Recreation Board's recommendation.

It is the responsibility of the applicants to submit a complete application with clear and sufficient information. It should be noted that the grant process is competitive and applicants should submit the best application possible. Submission of an application does not guarantee the applicant will be awarded all or part of the grant requested and incomplete or unclear applications may be declined.

Submit completed applications to:

Eris Latham at the Town of Crossfield
E-Mail: erisl@crossfieldalberta.com
Mail: Box 500 Crossfield Alberta T0M 0S0
Fax: 403-946-4523
Phone: 403-946-5565

If you have any questions about this application, please contact Eris Latham or Althea Panaguigon at apanaguigon@rockyview.ca or 403-520-3923.



Operational Assistance Grant

District Facilities, Programs and Services

Please type or print clearly. Applicants must be a district organization serving County residents. All information provided is public.

Organization Information

Organization's Name: _____

Incorporation Act Registered Under (If Applicable): _____

Incorporation Number: _____

Mailing Address: _____

Postal Code: _____

(All correspondence and cheques will be mailed to this address)

Primary Contact:

Name: _____

Telephone: (W) _____ (H) _____ (C) _____

Email: _____

Alternate Contact:

Name: _____

Telephone: (W) _____ (H) _____ (C) _____

Email: _____

Facility

Name of Facility: _____

Legal Description / Address: _____

Registered Holder of Land Title: _____

Total Amount of Funding Requested: \$ _____

Is your facility/program receiving any financial assistance from other agencies?

- Yes
- No

If yes, please explain.

Please give us a brief description of your organization.

Please describe what these funds will be used for.
(Please attach a separate piece of paper if you need additional space)

Please indicate the **number of people** who access your facility, amenity or program for which funding is being sought who reside in:

- Within Rocky View County boundaries : _____
- Within Town of Crossfield Boundaries: _____
- Within another Municipality: _____

Describe how the project will benefit your community and the County.

Are there any months when this facility is closed for the entire month? Please mark the months closed:

- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |

NOTE: Letter of request **MUST** be signed by the president and/or a director and who has signing authority for the organization.

Declaration Statement

I, the representative, certify that this application is complete and accurate.

Name: _____

Title: _____

Date: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Signature: _____

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive a Council grant. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and may become public information once it is submitted to Council during a Council meeting. Questions regarding the collection of this information can be directed to the RVC FOIP Coordinator at 403-520-8199.

Obligations Upon Receiving Grant

Grant recipients will receive a Grant Agreement outlining the approved grant amount, including specific items approved or denied, and the project goals and outcomes expected. Organizations may only spend grant funds on the specific items approved.

Upon completion of the project, recipients must submit a **Project Completion report** detailing how the money was spent and whether or not the stated objectives were achieved. Failure to submit a report may affect future grant application consideration. At any time, grant recipients must permit a representative of the Town of Crossfield or Rocky View County to examine records to determine whether the grant funding has been used as intended and approved.