

## **SCHEDULE “C”**



### **REQUEST FOR SUPPORT – COMMUNITY CAPITAL ASSISTANCE PROGRAM**

#### **Application Form**

Application Deadline the 30<sup>th</sup> of April, 2019

**Funded by the County of Northern Lights in order to support local cultural and recreation initiatives and enhance the quality of life for residents.**

## APPLICANT INFORMATION

Incorporated (*Legal*) Name of Organization (*must match provincial incorporation name*):

\_\_\_\_\_

Common Name of Organization (*if different from incorporated name*):

\_\_\_\_\_

Act your group is registered under: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

CRA Registered Charity CRA Registration Number: \_\_\_\_\_

CRA Registration Date: \_\_\_\_\_

**Mailing Address of Applicant Organization:** \_\_\_\_\_

\*\* All correspondence and cheques will be mailed to this address.

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Number of paid staff \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

How many days was your facility open to the public last year? \_\_\_\_\_

## CONTACT INFORMATION

**Project Contact** (*this is the person we will call for project information*)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROJECT OVERVIEW**

**Project Name:** \_\_\_\_\_

**Funding Criteria** - see General Program Guidelines for more details *(Check any that apply)*

General Exposure & Profile

Economic Benefit

Promote Civic Pride & Sense of Place

**Funding Request** - *(Check one)*

Does the project take place in the County of Northern Lights?  Yes  No

*If no, please provides details below:*

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Have you applied for, or already received, funding for this project from any other funding program? (This includes Rec. Board Funding)

*If yes, please provide details.*

Project Name	Amount	Year	From

How will you acknowledge support from the County of Northern Lights?

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**PROJECT LOCATION**

Name of Facility (if applicable): \_\_\_\_\_

Address or legal description: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facility Titleholder (if applicable): \_\_\_\_\_

Please enter the name of the titleholder for the facility or site

**Project Description**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. How many people do you estimate or know will benefit from this grant? \_\_\_\_\_

c. Percentage of County of Northern Lights Residents currently participating in programs or utilizing facility (Manning, Grimshaw, Peace River Community groups):

\_\_\_\_\_ %       Actual       Estimated

d. If your grant is successful, how long will it take to complete your project once funding is approved? \* NOTE: All projects must be completed by the end of the year the grant was received. Extensions for project completion available upon written request up to a maximum of 3 months.

\_\_\_\_\_  
\_\_\_\_\_

**Estimated Total Project Cost**

LABOUR/SERVICES \$ \_\_\_\_\_

MATERIAL/EQUIPMENT \$ \_\_\_\_\_

OTHER COSTS (advertisement, shipping) \$ \_\_\_\_\_

**ESTIMATED TOTAL PROJECT COST** \$ \_\_\_\_\_

*This figure should be the sum of the above figures and be equal to the Estimated Total Project Funding.*

**PROJECT FINANCING**

**Need for Financial Assistance**

- a. If your organization has a current operating surplus, operating reserves, or unrestricted cash assets, explain what you plan 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 incurred and your plan for reducing it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Method of Funding**

AMOUNT REQUESTED FROM THIS PROGRAM	\$ _____
DONATED LABOUR/SERVICES	\$ _____
DONATED MATERIAL/EQUIPMENT	\$ _____
CASH (INTERNAL SOURCES, FUNDRAISING)	\$ _____
OTHER GOVERNMENT FUNDING	\$ _____
<b>TOTAL PROJECT FUNDING</b>	<b>\$ _____</b>

*This figure should be the sum of the above figures and be equal to the Total Project Cost.*

**Total Project Funding must be greater than \$10,000.00 to be considered.  
Maximum amount available through this program is \$100,000.00\*.**

**\* Under this program Non-Profit Groups located in Manning, Peace River or Grimshaw can submit an Application for Funding Request for no greater than \$25,000.00.**

Will there be a user fee when project is completed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

*The personal information on this form is being collected for the purpose of determining the eligibility of an applicant to receive recreation funding. 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 the municipal Council and may be published in a Council meeting agenda. Detailed information on Financial statements will not be submitted for public information; however, Financial statement summaries will. Questions regarding the collection of this information can be directed to the FOIP Coordinator at the County of Northern Lights office.*

## Attachment Checklist

- Most recent Financial Statements
- List of Directors/Officers (include complete listing of board members and organization executive along with daytime phone number and email, if available)
- Proof of general liability and/or property insurance
- Detailed list of donated labour/services/equipment
- Other Supporting Documentation (e.g. estimates and supplier quotations)



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## STATEMENT OF UNDERSTANDING

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Incorporated (Legal) name of Applicant Organization (“Organization”)

### The Organization declares that:

- a) The information contained in its application and supporting documents (“Application”) is true and accurate and endorsed by the Organization.
- b) The required financial statement(s) for the applicable fiscal period(s) are true copies and have been attached to and form part of the Application.

### **The Organization understands and agrees that should this Application be approved, any grant funding awarded is subject to the Organization complying with the terms and conditions of this Statement of Understanding. The Organization agrees to the following terms and conditions:**

1. The program guidelines (“Guidelines”) and Application form part of this Agreement and the Organization agrees to be bound by the requirements set out in them.
2. The Organization will use all grant funding awarded (“Grant”) for the stated purpose(s) (“Purpose”) within its Application. If the organization wished to vary the Purpose, it agrees to be bound by the requirements set out in the program guidelines.
3. The Organization must comply with all applicable laws.
4. Following receipt of the Grant, the Organization agrees to be bound by the final report requirements set out in the Guidelines and in the Application form.
5. This Agreement commences the date of the application and binds both parties upon deposit of the Grant until the date of the Grant reporting has been approved by the County or Grant has been repaid.
6. Any part of the Grant not spent as set out in the Guidelines or upon termination the Agreement must be repaid to the County of Northern Lights. The Grant may be terminated upon:
  - a. mutual consent;
  - b. 30 days written notice by either party;
  - c. demand by the County for immediate repayment in the event of a breach or any term or condition;or
  - d. if the Organization becomes insolvent.
7. The Organization acknowledges that it will be liable for the full amount of the Grant and will be bound to the terms of this Agreement, even if the Organization has paid all or part of the Grant to a third party who has spent the money.
8. The Organization agrees to give the County access to examine the Organization’s operation and/or premises to verify the Grant has been used for the Purpose and will provide access to all financial statements and records having any connection with the Grant or the Purpose during the Term of this Agreement and for seven (7) years after the termination of the Agreement.

9. The Organization acknowledges that the Freedom of Information and Protection of Privacy Act (FOIP) applies to records submitted by the Organization to the County in relation to the grant application, including the Application and this Agreement. These records may be disclosed in response to an access to information request under the FOIP Act, subject to any applicable expectations to disclosure under this Act.
10. The Organization agrees to indemnify and hold harmless the County of Northern Lights, including employees and agents from any and all claims, demands, actions, and costs (including legal costs on a solicitor-client basis) for which the Organization is legally responsible, including those arising out of negligence or willful acts by the Organization or its employees or agents. Such indemnification shall survive the termination of this Agreement.
11. The Organization agrees that the outlined project will be completed by the end of the year in which the grant was received, and understands that any extension up to a maximum of three (3) months of the completion deadline must be requested in writing and approved by the County of Northern Lights.
12. The Organization agrees to give the County of Northern Lights a follow-up report, detailing the accomplishment and inclusion of an accounting of revenues and expenditures, within 60 days after project completion.
13. This Agreement shall be governed and interpreted in accordance with the laws in force in the Province of Alberta.
14. This Agreement is not intended to and does not make either part the agent or partner or the other for any purpose or create a joint venture.
15. This Agreement may not be assigned by the Organization.
16. The Organization will recognize the source of the Grant as required by the Guidelines.

**The Organization represents and warrants that the person signing is duly authorized to make the Application and is legally sufficient to bind the Organization to the Agreement.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Representative (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Daytime Phone