



CCAP Grant Application Guide and Form

This guide has been created to aid in the process of community groups and organizations applying for funds through the County of Northern Lights Community Capital Assistance Program Grant (CCAP). The information outlined in this guide is from the [County of Northern Lights Recreation and Culture Funding Policy](#).

Community groups operating within the County and the support communities of Grimshaw, Manning, and Peace River can apply for funds for capital projects that are over \$10,000.00

Tips and important information for preparing and submitting your application:

- Review the 'COMMUNITY CAPITAL ASSISTANCE PROGRAM (CCAP Grant Program) GUIDELINES' and 'DEFINITIONS' pages in this guide to ensure your project is eligible.
- The application process is competitive. It is highly recommended that you ensure that required documents are included to support your request; these include, but are not limited to financial statement, list of directors and contact information, letters of support, lease agreements, detailed lists of donated services, labour, equipment, and cost estimates.
- Review your application to ensure all areas of the form are completed.
- Submit your application and all accompanying documents by the deadline indicated on the application form.

Questions regarding the CCAP Grant can be directed to:

- Trinidad Schmidt, Community Services Coordinator, at csc@countyofnorthernlights.com, or
- Josh Hunter, Director of Finance, at hunterj@countyofnorthernlights.com

DEFINITIONS:

1. General Exposure & Profile

- a. The organization contributes to the desirability to live or visit our communities by effectively promoting its program, event, or services to our communities, region, province, or larger geographic area.

2. Economic Benefit

- a. The project, program, or event will
 - i) Attract local, regional, domestic, international, business, sports, or cultural tourism and enhance the tourism dollars spent in the community.
 - ii) Provide full-time, part-time, or seasonal employment opportunities.
 - iii) Foster, encourage or attract potential business development within the community or region.

3. Promote Civic Pride & Sense of Place

- a. The organization or the organization's project, event, or program positively impacts the community by strengthening and fostering the feeling of belonging and welcomeness among our diverse community members, thus making our communities an attractive and desirable place to live.

COMMUNITY CAPITAL ASSISTANCE PROGRAM (CCAP Grant Program) GUIDELINES

- a. The County of Northern Lights does not provide support for business events and conferences or any other events and activities determined to be commercial in nature through this program.
- b. Only Applicants who are registered not-for-profits, fall under the Alberta Agricultural Societies, Societies, Cemeteries, or Libraries Act, or are a CRA Registered Charity are eligible to apply for support. Council reserves the right to request specific information regarding any group, individual, or organization making an application. This information will generally be requested as part of the application process. It may involve a request for information on an entity's status, organizational structure, officers, constitution, or other necessary information to evaluate a request for support.
- c. Capital projects must be within the County of Northern Lights boundaries or its support communities of Grimshaw, Manning, and Peace River.
- d. Any support extended will be considered sponsorship, and as such, the County of Northern Lights will receive recognition and benefit extended to any sponsor.
- e. Approval of applications is subject to the budgeted funds available in any given year. Therefore, the application process is competitive.
- f. This section is not exhaustive but provides the general rules for funding. The County of Northern Lights and its Council reserve the right to refuse any application for any reason.

1. Application Process – Community Capital Assistance Program (CCAP) Funding

- a. Council, through the annual budget process, will identify an amount that will be made available under the Community Capital Assistance Program (CCAP).
- b. Applications for the Community Capital Assistance Program (CCAP) will be accepted once per year in April. The application process will be publicly advertised for a minimum of one month before the closing date for applications.
- c. Applications are to be made using the **Community Capital Assistance Program (CCAP)** application form, attached as **Schedule F**.
- d. County Administration reserves the right to make changes to **Schedule F** as needed to improve and streamline application processes or update funds made available for that year.
- e. A completed application package should contain, but is not limited to:
 - i. Completed request for support (**Schedule F**)
 - ii. A detailed description of the project, including the reason for the request
 - iii. Confirmation of not-for-profit, cemetery, society, or library status, including a list of officers/directors
 - iv. Copy of the most recent financial statement
 - v. Copy of valid liability and property insurance (certificate of insurance)
 - vi. Proof of external supplementary funding (grants, donations, etc.)

- e. Submitted applications are evaluated by the Economic Development and Community Services Department to ensure eligibility. Eligible applications and a recommendation will be forwarded to Council for consideration as to whether support could be approved or denied and how funds will be disbursed.
- f. Applicants may be required to attend a council meeting to respond to any questions regarding their application.
- g. In determining the amount of support, Council will consider:
 - i. Fundraising efforts made by the Applicant.
 - ii. Total budgeted cost of the project.
 - iii. The Applicant's contribution to the event through volunteer activities, in-kind contributions, and financial contributions.
 - iv. Previous assistance provided to the Applicant.
 - v. The benefit to the community overall and the project's significance.
 - vi. The marketing value and opportunity offered to the County in exchange for its support.
- h. Applicants approved for funding must sign a Statement of Understanding before receiving grant funds, as outlined in **Schedule F**.
- i. Costs incurred before application approval will not be considered eligible costs.
- j. Projects already completed are not eligible for funding.
- k. To be eligible for consideration under the current year's Capital Assistance Funding Program (CCAP), a Project Report for funds from the previous year, if applicable, must be completed and reported satisfactorily.
- l. While using the CCAP grants to leverage additional grant funding is acceptable, the project must be completed within the allotted timeframe. If the project is not completed in the agreed-upon timeframe, the grant funding will be repaid in full to the County.
- m. A Project Report that details the accomplishments and includes an accounting of revenues and expenditures shall be submitted to the County within sixty (60) days after project completion, as outlined in **Schedule G**.
- n. If the Applicant requires an extension on Project Reporting, a written request must be made to the County and approved by Administration.

SCHEDULE F



COMMUNITY CAPITAL ASSISTANCE PROGRAM (CCAP)

Application Form

Application Deadline: last Friday of April

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

Total Project Cost and Funding Request must be greater than \$10,000.00 to be considered. The maximum amount available through this program is \$50,000.00. Under this program, registered not-for-profits, cemeteries, societies, and libraries located in Grimshaw, Manning, and Peace River can apply for Funding Requests for no greater than \$12,500.00.

APPLICANT INFORMATION

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

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

Act your group is registered under:

Agricultural Society or Societies Act

Libraries Act

Cemeteries Act

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? _____

Project Contact Person

Name: _____ **Title:** _____

Daytime Phone: _____ **E-mail:** _____

PROJECT OVERVIEW

Project Name: _____

Funding Criteria - See Definitions in the *Recreation and Culture Funding Policy* for more details.
(Check all that apply)

General Exposure & Profile

Economic Benefit

Promote Civic Pride and
Sense of Place

Does the project take place in the County of Northern Lights?

Yes

No

If not, please provides details below:

Did you approach the North or South Recreation Board for funding?

Yes*

No

***If yes, did you receive funding from them for this project, event, or activity?**

Yes

No

*Note: Applicants **cannot** apply to or receive funds from both Recreation Boards or a Recreation Board and Council. Applicants must apply to the Recreation Board serving the Recreation District they operate, as outlined under Recreation Boards Section 3.*

How will you acknowledge support from the County of Northern Lights? (*Plaque on donor wall, facility signage, social media, etc.*).

PROJECT LOCATION

Name of Facility (if applicable): _____

Address or legal description: _____

City: _____ Province: _____ Postal Code: _____

Facility Titleholder (if applicable): _____

If the different from the Applicant, please include a letter of support, or lease agreement from the titleholder.

PROJECT DESCRIPTION

Explain what you want to do with the funds. This includes a description of repairing existing issues, proposed benefits to the community, etc. Attach a separate sheet if more space is needed.

Number of County of Northern Lights Residents currently participating in programs or utilizing the Organizations facility, or a number of County residents estimated to be participating or utilizing the facility when the project is complete?

Actual

Estimated

How long will it take to complete your project once funding is approved if your grant is successful? * NOTE: All projects must be completed by the end of the year the grant was received—extensions for project completion are only available upon written request for a maximum of 3 months.

PROJECT PROMOTION AND MARKETING

Once complete, to whom will you be promoting your event or program? *(Local community, region, province.)*

How will you be promoting your event or program? *(Social media account, website, radio, etc.)*

Would you like assistance from the County of Northern Lights in marketing and promoting your organization, services, or programs?

Yes

No

ESTIMATED TOTAL PROJECT COST

(Use a separate sheet if more space is required)

LABOUR/SERVICES HIRED	
	\$
	\$
	\$
	\$
	\$
	\$
MATERIALS/EQUIPMENT TO PURCHASE	
	\$
	\$
	\$
	\$
	\$
OTHER COSTS (advertisement, shipping, etc.)	
	\$
	\$
	\$
	\$
ESTIMATED TOTAL PROJECT COST	\$

NEED FOR FINANCIAL ASSISTANCE

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

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

PROPOSED PROJECT FINANCING

(Use a separate sheet if more space is required)

AMOUNT REQUESTED FROM THIS PROGRAM	
	\$
DONATED LABOUR/SERVICES	
	\$
	\$
	\$
	\$
DONATED MATERIALS/EQUIPMENT	
	\$
	\$
	\$
	\$
CASH (INTERNAL SOURCES, FUNDRAISING)	
	\$
	\$
	\$
	\$
OTHER GOVERNMENT FUNDING (Provincial, Federal, Municipal Grants)	
	\$
	\$
	\$
TOTAL PROJECT FUNDING	\$

Will there be a user fee when the project is completed? *(Facility rental prices, membership fees, etc.)*

Yes

No

If yes, please explain:

How would your organization accommodate receiving partial funding for your project?

The personal information on this form is being collected to determine an applicant's eligibility 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. Once submitted to the Municipal Council, it may become public information 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 this information collection can be directed to the FOIP Coordinator at the County of Northern Lights office.

CCAP GRANT ATTACHMENT CHECKLIST

- Most recent Financial Statements
- List of Directors/Officers (include a daytime phone number and email, if available)
- Proof of general liability and property insurance
- Letter of Support or Lease Agreement from titleholder (if applicable)
- Detailed list of donated labour/services/equipment
- Estimates, quotes, and other supporting documentation

SUBMISSION INFORMATION

- **Application deadline: last Friday of April**
- **MAIL: Completed application forms and documents (single-sided, no staples):**

County of Northern Lights
Attn: Economic Development and Community Services
Box 10
Manning, AB
T0H 2M0

- **EMAIL completed application forms and documents to:** csc@countyofnorthernlights.com



STATEMENT OF UNDERSTANDING

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 project(s) (“Project”) within its Application. If the organization wishes to vary the Project, 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 the Application form.
5. This Agreement commences on 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 the termination of 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 of any term or condition;
or
 - d. if the Organization becomes insolvent.

7. The Organization acknowledges that it will be liable for the total 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 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 Project 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 fees 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 Project Report detailing the accomplishment and inclusion of 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 party the agent, partner, or 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



SCHEDULE G

COMMUNITY CAPITAL ASSISTANCE PROGRAM

Project Reporting

Project Name:		Phone number:
Project Applicant:		
Person Reporting: (Name, email)		
Date of Completion:		

Part A – Report on Accomplishments

Activities	
<ul style="list-style-type: none"> ▪ List (or attach a separate document) of activities completed by the Applicant in relation to the Project 	Project Activities:

Part B – Financial Report (Note: All documentation and calculations used to determine the Eligible Costs, *including without limitation copies of the relevant invoices and receipts, must be attached*).

Part C: Additional Comments (optional)

Part D: County of Northern Lights Acknowledgement: Please indicate below how the County has been acknowledged or will be acknowledged in the future.

The County would appreciate pictures of the process or completed project if available for the County's social media. Email them to csc@countyofnorthernlights.com