

# 2024 Capital Project Grant Application

## Applicant Information

ORGANIZATION NAME:	DATE:
MAILING ADDRESS:	POSTAL CODE:
HAMLET/TOWN:	PROVINCE:
PRIMARY CONTACT NAME(S):	PHONE/FAX NUMBER(S):
EMAIL(S):	
NAME & LOCATION OF FACILITY (IF APPLICABLE):	
YEAR OF REQUESTED FUNDING:	
VISION/MISSION STATEMENT:	

## Capital Project Grant Funding Agreement

1. Shall be used only for those purposes as outlined in the Capital Project section of the Big Lakes County Grant Funding Policy. Grant funds not expended for the purposes for which they were provided shall be returned to Big Lakes County immediately.
2. The Community Organization shall be a registered society, in good standing, with the Province of Alberta, or have charitable status with the Government of Canada.
3. Applications must be submitted before a project begins. The County will not approve retroactive project funding, unless there is proof of emergent need (as defined in the Big Lakes County Grant Policy).
4. Will be based on estimated project costs and volunteer contributions, so please provide written estimates/quotes for all costs included in the project budget. Quotes/estimates for equipment, materials, and labour, must be from local suppliers and contractors when possible. When local estimates cannot be provided, this must be indicated in the application.
5. The application deadline is October 31 of the year prior to the anticipated project start, so all applications can be considered by Council during annual budgetary deliberations.
6. Grants are approved as matching grants of up to 50% or a maximum of \$25,000. Funding is paid as reimbursement for completed projects.
7. Grant recipients will be required to provide proof of paid invoices and receipts for actual project costs after project completion. Goods and Services Tax (GST) is not an allowable expense. Please omit GST from your application and eventual Claim Form.
8. Big Lakes County will not fund equipment or capital projects that benefit individuals or family groups rather than the overall public.

9. Due to limited funds and high demand for Big Lakes County funding, not all requests that meet the established criteria may be approved for funding. Applicants may be approved for full, reduced, or no funding for their projects.
10. Declaration of Financial Contact: the person responsible for finances must complete the following:

I \_\_\_\_\_ , \_\_\_\_\_  
(PRINT NAME) (PRINT OFFICIAL POSITION)

Solemnly declare to take full responsibility for receiving and facilitating disbursement of monies received from Big Lakes County, in response to this application, of which this statement forms a part.

Declared on this day/month/year: \_\_\_\_\_

SIGNED: \_\_\_\_\_ WITNESSED: \_\_\_\_\_

## Capital Project Outline

PROJECT TITLE: \_\_\_\_\_

COUNTY FUNDING REQUESTED \$: \_\_\_\_\_

IS THIS PROJECT PLANNED IN ☐ PHASES OR AS ☐ ONE COMPLETE PROJECT?

PROJECT SCHEDULE: START DATE: \_\_\_\_\_ PROPOSED END DATE: \_\_\_\_\_

PROJECT DESCRIPTION: (PLEASE ATTACH ADDITIONAL PAGES AS NEEDED)

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

ORGANIZATION'S GOALS AND OBJECTIVES THROUGH COMPLETING THIS PROJECT:

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

HOW WILL THIS PROJECT POSITIVELY AFFECT THE COMMUNITY AND TARGET AUDIENCE?

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



## Projected Expenditures and Revenue

### 1. EXPENDITURES (Please attach estimates or quotes)

#### a) PLANNING (consultants, drawings, studies)

_____	\$ _____
_____	\$ _____
_____	\$ _____

#### b) GOODS & SERVICES (materials/equipment/labour)

_____	\$ _____
_____	\$ _____
_____	\$ _____

#### c) VOLUNTEER LABOUR

Volunteer Labour @ \$20/hour (unskilled) \$ \_\_\_\_\_

Volunteer Labour @ \$35/hour (skilled) \$ \_\_\_\_\_

Volunteer Labour & Equipment @ \$70/hour \$ \_\_\_\_\_

#### d) DONATED GOODS & SERVICES

_____	\$ _____
_____	\$ _____
_____	\$ _____

#### TOTAL EXPENDITURES

\$ \_\_\_\_\_

### 2. REVENUES SOURCES (Please attach additional pages as needed)

#### a) COUNTY GRANT MONEY REQUESTED

(Up to a maximum of 50%, or \$25,000 of total expenditures, less GST)

\$ \_\_\_\_\_

#### b) OTHER GRANTS

(Indicate whether grants are planned, applied for, or received)

_____	\$ _____
_____	\$ _____
_____	\$ _____

#### c) CASH DONATIONS

_____	\$ _____
_____	\$ _____
_____	\$ _____

#### d) VOLUNTEER GOODS & SERVICES

(Total value of VOLUNTEER LABOUR from EXPENDITURES)

\$ \_\_\_\_\_

#### e) APPLICANT'S CONTRIBUTION

\$ \_\_\_\_\_

#### TOTAL REVENUE

\$ \_\_\_\_\_

### 3. BALANCED BUDGET: (= \$0.00)

#### TOTAL EXPENDITURES

\$ \_\_\_\_\_

( — )

#### TOTAL REVENUE

\$ \_\_\_\_\_

## Documentation

PLEASE ATTACH THE FOLLOWING DOCUMENTS/INFORMATION TO YOUR APPLICATION

- ☐ MINUTES OF MOST RECENT ANNUAL GENERAL MEETING: \_\_\_\_\_ DATED: \_\_\_\_\_  
(For example, if a group has applied for Capital funds from the County's 2018 budget, then they must provide minutes from 2017)
- ☐ MOST RECENT FINANCIAL STATEMENTS: \_\_\_\_\_ DATED: \_\_\_\_\_  
(Including two (2) Executive Officer signatures)
- ☐ CURRENT YEAR ASSOCIATION BUDGET \_\_\_\_\_ DATED: \_\_\_\_\_
- ☐ LIST OF EXECUTIVE OFFICERS
- ☐ MOST RECENT PROOF OF FILING FROM ANNUAL RETURN \_\_\_\_\_ DATED: \_\_\_\_\_  
If a society does not provide proof of filing for more than one year, then the County cannot approve the request.
- \_\_\_\_\_ CORPORATE ACCESS NO.: \_\_\_\_\_
- ☐ ANTICIPATED VOLUNTEER CONTRIBUTION (if applicable)
- ☐ WRITTEN QUOTES/ESTIMATES – for each part of the project

**Please note: If a community organization plans to hold its Annual General Meeting past the October 31 deadline (in either November or December), Big Lakes County will accept the previous year AGM minutes and corresponding documents as an interim submission until final documents are available.**

## Submit Your Application

Applications can be submitted in person, by mail, fax, or email to:

**Attn: Grants Officer**  
**Big Lakes County**  
**P.O. Box 239, 5306-56 St.**  
**High Prairie, AB T0G 1E0**  
**Phone: (780) 523-5955 Fax: (780) 523-4227**  
**Email: Grants@BigLakesCounty.ca**

### FOR ADMINISTRATIVE USE ONLY

DATE RECEIVED:	DATE REVIEWED:	REVIEWED BY:
AMMOUNT APPROVED:	COUNCIL MOTION:	