

Community Recreation Funding
Capital Assistance Grant

Community Facilities

Rocky View County offers capital grant funding to non-profit organizations that operate a community amenity providing recreational or cultural services that are open for the use and enjoyment of all County residents.

Please refer to [Community Recreation and Culture Funding Policy 317](#) for further details.

It is expected that County funds be leveraged by community contribution like volunteer work or fundraising, private partnerships and additional municipal/provincial dollars.

All grant funding must be used within **two years** of approval of the project. Facilities shall recognize the County as a source of funding for any capital projects. Recognition can be achieved with signage or another source of recognition, pending discussion with County Administration.

Annual Application Deadlines

- **March 1, 4:30 p.m.**
- **October 1, 4:30 p.m.**

For deadlines that fall on a weekend or statutory holiday, applications will be accepted until the end of the next business day.

County Administration will present eligible applications to the Recreation Governance Committee for consideration. **The Committee provides final approval of Capital Assistance Grant requests by June and December of each year.** Organizations are required to submit invoices or receipts to the County for work completed to receive reimbursement.

It is the responsibility of the applicant to submit a complete application with clear and sufficient information. **Late applications will not be accepted.** If your application is **incomplete**, County Administration will make an attempt to contact you for the additional required information. It is the responsibility of the applicant to ensure the application is complete to the best of their ability. Submission of an application does not guarantee the applicant will be awarded all or part of the grant requested.

Applications may be emailed, mailed, or delivered to the County Office prior to the advertised deadline.

Submit completed application to, or for further assistance, contact:

Recreation, Parks, and Community Support

recreation@rockyview.ca

403-230-1401

Rocky View County, 262075 Rocky View Point, Rocky View County, AB, T4A 0X2

**Capital Assistance Grant – Application Form
Community Facilities**

Please type or print clearly. Applicants must be a non-profit, community organization serving County residents. All information provided is public.

Organization Information

Organization Name:

- Incorporated under: Alberta Societies Act
 Alberta Agricultural Societies Act
 Part 9 of the Companies Act

Mailing Address:

Postal Code:

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

Primary Contact:

Name:

Telephone: (W) (C)

Email:

Alternate Contact:

Name:

Telephone: (W) (C)

Email:

Facility

Name of Facility:

Legal Description/Address:

Registered Holder of Land Title:

Total Amount of Funding Requested: \$

Please provide a brief description of your organization (e.g., mission and mandate):

Capital Project Title:

Please describe in detail the work to be carried out and the need for this project:
(Please attach a separate piece of paper if you need additional space)

Estimated project start date:

Estimated project completion date:

Please describe how the project will benefit your community and the County:

Is this project located in a neighbouring municipality?

Yes

No

If yes, how will access to County residents be assured?

If your organization is successful in obtaining County funding, how will you recognize this contribution?

Please indicate the number of people who access your facility, amenity, or program, for which funding is being sought (please note that this represents individuals, not the number of visits made to a facility).

Rocky View County residents:

Non-Rocky View County residents:

Please describe how you determined these numbers:

Project Budget

I. COST SHARING PROGRAM

Capital Assistance Grants are based on the following cost sharing program:

Capital Project	Cost Sharing Program
<i>Facilities located within Rocky View County</i>	
Small (Total project cost is \$500,000 or less, GST excluded)	A minimum of 50% funding provided from the organization.
Medium (Total project cost is between \$500,001 and \$1,000,000, GST excluded)	A minimum of 30% funding provided from the organization.
Large (Total project cost is over \$1,000,000, GST excluded)	A minimum of 15% funding provided from the organization.
<i>Facilities located within a Neighbouring Municipality</i>	
All capital projects for facilities located outside the County in neighbouring municipalities.	A minimum of 75% funding provided from the organization with contribution from the neighbouring municipality.

II. COSTS

Total Project Cost Component Breakdown: Please provide ALL quotes (three for each project component) in the following table. If you require additional space, please attach more pages. Funding for expenditures incurred prior to application submission may not be considered.

(A sample table is found on the last page of this application form)

Project Component	Quote Cost (GST excluded)	Vendor/Contractor Name	Please select one Quote from each project component to use for the TOTAL PROJECT COST Calculation
1.	1. \$		<input type="checkbox"/>
	2. \$		<input type="checkbox"/>
	3. \$		<input type="checkbox"/>
2.	1. \$		<input type="checkbox"/>
	2. \$		<input type="checkbox"/>
	3. \$		<input type="checkbox"/>
3.	1. \$		<input type="checkbox"/>
	2. \$		<input type="checkbox"/>
	3. \$		<input type="checkbox"/>
4.	1. \$		<input type="checkbox"/>
	2. \$		<input type="checkbox"/>
	3. \$		<input type="checkbox"/>
5.	1. \$		<input type="checkbox"/>
	2. \$		<input type="checkbox"/>
	3. \$		<input type="checkbox"/>
6.	1. \$		<input type="checkbox"/>
	2. \$		<input type="checkbox"/>
	3. \$		<input type="checkbox"/>
TOTAL PROJECT COST (Sum of selected quotes)			

III. BUDGET

ALL APPLICANTS MUST COMPLETE THIS SECTION of the application. Your audited financials are considered separately.

Bank Balance:

EXPENSES			
Project Component	Total Costs to be paid by Applicant or Other Grant Programs	Total Costs to be funded by Capital Assistance Grant	Total Budgeted Costs (must match selected quotes above)
1.			
2.			
3.			
4.			
5.			
6.			
TOTAL EXPENSES			
REVENUE			
Grants (please provide names and amounts)			
RVC Capital Assistance Grant		Maximum Rocky View County funding request must be in accordance with the Cost Sharing Program above. No GST should be included in the requested amount.	
		<input type="checkbox"/> Approved	
		<input type="checkbox"/> Approved	
		<input type="checkbox"/> Approved	
		<input type="checkbox"/> Approved	
		<input type="checkbox"/> Approved	
		<input type="checkbox"/> Approved	
Other Revenues (please specify)			
Cash Contributions		Financial statements must support this number.	
Donated in Kind		May include donated labour, equipment or materials that support the project, for projects under \$1,000,000. Donated labour is valued at Alberta hourly minimum wage.	
TOTAL REVENUE			

IV. FINANCIAL ASSISTANCE

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

If you are unsuccessful in getting approved for the total amount of funds requested, how do you plan on completing the project?

SUPPORTING DOCUMENTS

- Copies of quotes listed in Table III of Project Budget. A minimum of three per project component is required. If quotes are not included, please indicate sources of estimates.
- Audited financial statements – these should support the cash contribution noted in your Project Budget.
- Current year operating budget.
- List of organization’s Officers and Directors.
- In Kind Details:
 - Include confirmation of all in kind materials and/or services (i.e. letters from donors).
 - Volunteer Hours: Provide detailed information on the number of volunteer hours being contributed to this project, including job descriptions and assigned volunteers. The volunteer hours can apply to the applicant’s funding contribution portion up to a maximum of 50% of the contribution on the capital project where funds are being requested. Volunteer labour is valued at Alberta’s hourly minimum wage.
- Other documents required for further clarification, as requested.

Obligations upon Receiving Grant

Grant recipients will receive a Grant Approval Letter 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 or when the project deadline has passed, recipients must submit a **Final Project Report** detailing how the money was spent and whether or not the stated objectives were achieved. If this report is not submitted, future funding requests will not be considered. At any time, grant recipients must permit a representative of Rocky View County to examine records to determine whether the grant funding has been used as intended and approved.

Declaration Statement

NOTE: This application form **MUST** be signed by the president and/or a director and a delegate who has signing authority for the organization.

We, the two representatives of
certify that this application is complete and accurate. *(organization name)*

Name:
Title:
Date:

Name:
Title:
Date:

❖ **PLEASE NOTE:** If you have not heard from us within a week of your application submission, please contact us at recreation@rockyview.ca.

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 Manager, Recreation, Parks and Community Support at 403-230-1401.

COSTS Table – EXAMPLE

II. COSTS

Total Project Cost Component Breakdown: Please provide ALL quotes (three for each project component) in the following table. If you require additional space, please attach more pages. Funding for expenditures incurred prior to application submission may not be considered.

Project Component and Description	Quote Cost (GST excluded)	Vendor/Contractor Name	Please select one Quote from each project component to use for the TOTAL PROJECT COST Calculation
1. Parking lot repair	1. \$13,000	Bob's Lots	<input type="checkbox"/>
	2. \$15,800	Paving By Us	<input type="checkbox"/>
	3. \$19,000	ABC Asphalt	<input checked="" type="checkbox"/>
2. Roof replacement	1. \$13,000	Rough Roof	<input type="checkbox"/>
	2. \$16,000	Top Tiles	<input type="checkbox"/>
	3. \$20,000	Golden Rooves	<input checked="" type="checkbox"/>
3. Playground fencing	1. \$1,000	Basic Fences	<input checked="" type="checkbox"/>
	2. \$13,000	Jo's Jobs	<input type="checkbox"/>
	3. \$16,000	Post 'N Rail	<input type="checkbox"/>
TOTAL PROJECT COST (Sum of selected quotes)	\$40,000		