

Community Capital Project Grant 2022 Application Form

INSTRUCTIONS: Please complete all sections fully, and ensure declaration is signed/dated.

PART A - APPLICATION INFORMATION									
Organization (as it appears on Certificate of Incorporation)									
Legal Name:									
Incorporation / Act Registered Under: Registration No. :					lo.:				
Mailing Address:						Postal Code:			
Contact Person:								-	
Work/Cell Numb	er:		Other:			Fax	:		
Email:						-	-		
PART B - FACILI	Y INFORMATI	ON							
Name of Facility	or Location of C	Capital Equipment	:						
Street Address:	reet Address: Postal Co				Code:				
Registered Owne	er:				· · ·				
Facility Lease Holder:									
racinty Lease no									
PART C - PROJE		ON							
PART C - PROJE	CT INFORMATI	ON llowing which best des	cribes the sco	ope of	^c the project)				
PART C - PROJE	CT INFORMATI	llowing which best des	_	-	^c the project) 7 Technolog	ical Up <u>c</u>	ırade		
PART C - PROJE	Choose from the fo	<i>llowing which best des</i> Construction	Fa	cility			grade		
PART C - PROJE	Choose from the fo New Facility C Facility Expan	<i>llowing which best des</i> Construction	Fa Ca	cility pita	Technolog	t	grade		
PART C - PROJE	Choose from the fo New Facility C Facility Expan Retrofit Existin	<i>llowing which best des</i> Construction sion	Fa Ca	cility pita	Technolog Equipmen	t ce	grade		
PART C - PROJECT Type of Project: (Anticipated Project	Choose from the fo New Facility C Facility Expan Retrofit Existin	<i>llowing which best des</i> Construction sion	Fa Ca Pla	cility pital	Technolog Equipmen ng Assistan Completio	t ce on:		ary)	
PART C - PROJECT Type of Project: (Anticipated Project	Choose from the fo New Facility C Facility Expan Retrofit Existin	<i>llowing which best des</i> Construction sion ng Facility Space	Fa Ca Pla	cility pital	Technolog Equipmen ng Assistan Completio	t ce on:		ary)	
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ART D - PROJECT COSTS & FUNDING	
TOTAL PROJECT COSTS: \$ (Please attach a breakdown of cost estimates for the project)	
ROJECT FUNDING	
Community Capital Project Grant (Maximum 1/3 of total project up to \$200,000): \$	
Other Grants: \$	
Cash: \$	
In-Kind/Donated Labour/Services: \$	
TOTAL PROJECT FUNDING: \$ (Please attach a detailed list of matching funding)	
PERATING IMPLICATIONS	
Anticipated Annual INCREASE or SAVINGS in Operating Expenses: (+, -) \$	
acility Operating Impact Summary	
escribe the impact of the project on facility operating costs. Describe how you intend to fun	d any future additional costs:
ART E - PROJECT BENEFITS	
ORGANIZATION & MEMBERSHIP	
ow will this project benefit the organization? Why is the project required?	

PART E - PROJECT BENEFITS (Con'	t)			
COMMUNITY				
Describe the benefits for the general comm	nunity:			
REPORTING & RECOGNITION				
Upon completion, projects must be report	ed with an indica	ation of how fun	ding support was recognized. Descril	be how your
organization will acknowledge funding as				Je now your
PART F - CHECKLIST OF SUPPORT		NTS (To be at		
ORGANIZATION INFORMATION List of Board & Executive	ATTACHED		PROJECT INFORMATION Description Details	ATTACHED
Previous Year Financial Statement			Cost Details	
Membership/Use Profile			Funding Details	
Organization Approval Motion			Owner Supported Letter	
Current Operating Budget				
Business/Strategic Plan/Bylaws				
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PART G - AFFIRMATION

I DECLARE THAT: I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION.

- The information contained in this application and supporting documents is true and accurate and endorsed by the applicant.
- The general public shall have access to this facility for the provision of leisure and/or community services.
- An accounting of spending, showing compliance with conditions of the grant shall be provided at completion of project no later than two years from date of the grant cheque.
- Any grant awarded shall be used solely for the purposes stated within this application and according to program parameters.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the City Manager or his designated representative.

AUTHORIZED SIGNATURE					
Authorized Signature	Name and Title (please print)	Date (mm/dd/yyyy)			

The personal information collected on this form is in accordance with section 33 of Alberta's Freedom of Information and Protection of Privacy Act (the Act). It will be used for the purpose of determining eligibility for Community Capital Project Grants. The information will be disclosed in accordance with section 40 of the Act which may include public disclosure. If you have any questions in regards to the collection, use or disclosure of this information, please contact 311 or grants@lethbridge.ca.

Date Received at Recreation & Culture Office:		Initials:	
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