



COMMUNITY CAPITAL PROJECT GRANT APPLICATION FORM

SECTION 1: APPLICANT INFORMATION

Name of the Organization:

Mailing Address & Phone Number:

Has the organization received any Community Capital Project Grants in the past?

- No
- Yes, in what year(s): _____

Explain how the organization is sustainable:

- Registered on: _____

Community Organization Eligibility Criteria:

Location where the organization is based out of:

- City of Cold Lake
- Other: _____

Organization must be either a registered:

- not-for-profit (No: _____)
- charitable organization (No: _____)

Organization's primary mandate must be to provide at least one of the following within the City of Cold Lake: (check all that apply):

- sports
- recreation
- arts
- culture
- social services
- community wellness

SECTION 2: PROJECT DETAILS

The project is to: (check all that apply):

- construct a new facility
- expand a facility beyond its existing footprint
- retrofit an existing facility for a new use or purpose
- renovate an existing facility to remodel/restore the space
- upgrade the facility's mechanical, security or technology
- replace or provide additional major equipment where that equipment supports a program or services, which have a lifespan of 5 years or more

<p><i>The facility (or equipment) will be used for:</i> (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> sports and recreation <input type="checkbox"/> arts and culture <input type="checkbox"/> social services <input type="checkbox"/> parks <input type="checkbox"/> community wellness <input type="checkbox"/> other _____ 	<p><i>The project creates a new or enhanced service within the City of Cold Lake, which is:</i> (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members <input type="checkbox"/> sustainable for the facility <input type="checkbox"/> involves a strong volunteer base supporting the facility project while sustaining ongoing operations <input type="checkbox"/> supported by the Community
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Describe the Project:

Potential Impact the Project is expected to have on the community:
(You may wish to include: the demographics of the community who will be served by the project; the number of community members who may potentially benefit from the project; the level of community support for the project; the potential longevity of the project; how the project will benefit the community.)

<p><i>Is the project receiving funding from another City source?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, explain the source(s) and what year(s) funding was received: _____ _____ _____ 	<p><i>Anticipated project start date:</i> _____</p> <p><i>Expected project completion date:</i> _____</p>
	<p><i>Proposed location for the project:</i></p>

Indicate any innovative, unique, or additional factors that may be associated with this application:

SECTION 3: PROJECT COSTS (MATCH FUNDING)

Total Project Costs:

\$ _____ Committed community contribution
 \$ _____ Grant request from City
 \$ _____ Total Project Cost

Sources of Community Contributions:

\$ _____ In-kind labour (unskilled)
 \$ _____ In-kind labour (skilled)
 \$ _____ In-kind services
 \$ _____ In-kind equipment/materials
 \$ _____ Monetary donations (excludes grants)
 \$ _____ Monetary grants (from non-City sources)

Is there any shortfall? (if yes, please explain):

Conditions of Funding:

- The grant request under this program must be one-third (1/3) or less of the total project cost.
- Applicant must be able to demonstrate that at least two-thirds (2/3) of the project costs will be paid for by the community through: in kind labour, services, equipment/materials which are directly related to the project, and/or monetary donations.
- Volunteer time must be directed related to the project for which funding is being requested. Please see the Community Capital Grant Policy for valuation of volunteer time and donations.
- Unskilled labour can only contribute to a maximum of one-third (1/3) of the "community contributions".
- Qualifying volunteer time must be directly related to the project(s) and may not include any other volunteer hours for fundraising, creating the grant application, time spent in meetings or activities related to planning the project or other planning activities of the organization.

SECTION 4: APPLICANT DECLARATION

I give my consent to the City of Cold Lake to collect, use, retain, disclose and dispose of the information contained within this application for the purpose of, but not limited to, operational and public media as may be deemed appropriate by the City of Cold Lake. I also certify that to the best of my knowledge the information provided in this application is accurate.

Applicant Signature: _____ Date: _____

Please submit the completed application by email (city@coldlake.com), by mail, or in person at the address below, to the **Attention of the Community Capital Project Grant Program**.

- Completed application form
- Confirmation of match funding
- Letters of support from the community
- Proof that the application has either land ownership for the location of the project, a long-term lease and the confirmation from the owner for permission to undertake the project, or another form or confirmation of ownership/permission to undertake the project on the property

For Office Use Only

Date Received: _____ Decision Date: _____
 Decision: Approved Rejected Staff Initial: _____

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