



Clear Hills County

Effective Date: **February 22, 2011**

Policy Number: **7002**

Title: **CAPITAL GRANTS**

1. Policy Statement

- 1.1. Clear Hills County shall provide grants to community organizations, and establish a system for evaluating applications for and distributing capital funds.

2. General

- 2.1. Council may annually during budget deliberations, establish a budget for capital grants.
- 2.2. Council may maintain a capital reserve to assist community organizations in maintaining or enhancing facilities. Emphasis will be placed on maintenance of existing facilities.

3. Funding Eligibility

- 3.1. Eligible applicants include:
 - Community not-for-profit groups
- 3.2. Eligible projects must be capital in nature and no funds can be allocated to the operation of a facility.
- 3.3. Clear Hills County's capital grant funds are intended to support projects in the areas of:
 - Recreation, sport and community facilities
 - Arts and culture
 - Parks and playgrounds

4. Applications

- 4.1. Applications for capital grants must be received by the County prior to September 1 of each year. Funds for approved capital grant applications will be included in the County's budget for the next fiscal year.
- 4.2. Applications for capital funding must be endorsed by the respective area recreation board and should be for a purpose included in that Board's five year

capital plan.

4.3. Applications must be submitted using the application form in appendix "A".

4.4. The following criteria will be used to determine eligibility of funding:

- Fund Raising Efforts.
- Facility Usage.
- Other Potential Funding Sources.
- Urgency.
- Previous Capital Grants Received.

5. **Method of Funding**

5.1. The maximum grant will be \$25,000 per project. Council may by resolution authorize a larger grant.

5.2. A maximum of 50% of total project funding may be derived from Clear Hills County.

5.2.1. Donated labour / services and material / equipment may be estimated and included in the estimate of total project costs.

6. **Conditions**

6.1. Clear Hills County will be advised when any approved project starts. Funds will not be disbursed until the project has been started.

6.2. The Grant recipient will install and maintain signage to acknowledge Clear Hills County for their support and contribution. Cost of signage will be eligible an eligible expense under the terms of this agreement.

6.3. If a project does not start within two years of approval a new approval will be required for that project.

6.4. If any project is not completed within two years of approval the organization that received the grant may request an extension in writing explaining why the extension is requested, including a current financial accounting statement, the estimated percentage of work completed and the estimated date of completion.

6.5. Any unexpended funds must be returned to the County with the financial

accounting statement of expenditures.

6.6. Donated material and equipment may be included at a rate that can be substantiated with independent quotes.

6.7. Donated labour may be included at a rate of \$10.00 per hour.

6.7.1.1. A log of donated labour must be maintained.

7. Dissolution Agreement

7.1. Any organization who receives a capital grant must have a dissolution agreement in place with the county, indicating that ownership of capital assets of the organization will revert to the county if the organization should become defunct.

8. End of Policy

ADOPTED

Resolution #C193-02 Date: March 25, 2003

AMENDED

Resolution #C241-04	Date: March 23, 2004
Resolution #C478-04	Date: May 25, 2004
Resolution #C872	Date: October 27, 2009
Resolution #C171(02/22/11)	Date: February 22, 2011

Clear Hills County

Box 240, Worsley, AB, T0H 3W0

Phone: (780) 685-3925 Fax: (780) 685-3960

**CAPITAL GRANT
APPLICATION FORM**

Deadline September 1;

ORGANIZATION

Legal Name: _____

Incorporation/Act Registered Under: _____

Registration No: _____

Contact Person: _____

Phone No: (day) _____

(evening) _____

(fax) _____

List of Executive: (On a separate piece of paper, provide a list of your current executive and/or board of directors, complete with names, positions/titles, addresses and phone numbers)

Financial Information: (Please attached previous year financial statements and current years proposed budget. Financial statements must include detailed list of funds currently held by organization.)

PROJECT

Project Description/Details: (On a separate piece of paper provide a detailed description of project, including the need for the project, who will use it, and why you believe it should be funded.)

Total Project Cost \$ _____

(Attach a detailed breakdown of cost estimated for your project)

FUNDING

Capital Grant Requested

\$ _____

(Maximum request is the lesser of 50% of total project and \$25,000
Larger grants may be authorized by Council resolution)

Donated Labour / Services

(Attach a detailed break down)

Donated Material / Equipment

(Attach a detailed break down)

Other funding: _____

(Attach a detailed break down)

Total Project Funding

\$ _____

(This figure should be the sum of above figures and equal to the total project cost)

Have you received other grants from the County in the past 5 years? ___ Yes ___ No

If yes: Year _____

Amount _____

Project _____

Year _____

Amount _____

Project _____

Year _____

Amount _____

Project _____

(attach additional piece of paper if needed)

Recreation Board Endorsement (Please attach or reason why it is not provided.)

DECLARATION

I declare that:

- I am a duly authorized representative having legal and/or financial signing authority for the above organization.
- The information contained in the application and supporting documents is true and accurate and endorsed by the above organization.
- A financial accounting statement of expenditures will be submitted to Clear Hills County the earlier of 90 days after completion of the project and a year after receiving the funds.
- Clear Hills County will be advised when the project starts should funding be approved.
- As a condition of accepting financial assistance, the organization agrees to signing a dissolution agreement with the County.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE NO. (work) _____

(home) _____

DATE: _____