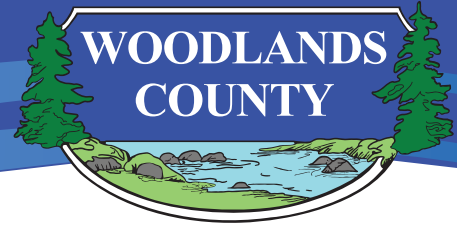


# Woodlands County Recreation Facility Operating Grant



## ABOUT YOUR ORGANIZATION

### Community Organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### President Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Treasurer Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Societies Act/Registration #: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**Deadline for submission is prior to February 15 annually.**

For more information contact Woodlands County at **1.888.870.6315** or online at **woodlands.ab.ca**

# Woodlands County Recreation Facility Operating Grant

## REVENUES

Based on your financial statements for the year of: \_\_\_\_\_

Woodlands County Operating Grant	\$ _____
Alberta, Agricultural Society Operating Grant	\$ _____
Other Grant: _____	\$ _____
Memberships	\$ _____
Rentals	\$ _____
Donations	\$ _____
GST Refund	\$ _____
Interest	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total: \$ _____	

## ASSETS

Savings Account	\$ _____
G.I.C.	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total: \$ _____	

## ALLOWABLE OPERATING COSTS

Based on your financial statements for the year of: \_\_\_\_\_

### Expenditures:

#### Utilities

Telephone	\$ _____
Gas/Oil/Propane	\$ _____
Water	\$ _____
Electricity	\$ _____
Garbage	\$ _____
Septic Servicing	\$ _____

**Total: \$** \_\_\_\_\_

#### Insurance

WCB Premiums	\$ _____
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**Total: \$** \_\_\_\_\_

#### Maintenance

Community Hall Minor Repairs (under \$5,000)	\$ _____
Parking Lot Maintenance	\$ _____
Landscaping	\$ _____
Other Building Maintenance Name: _____	\$ _____
Outdoor Amenity Maintenance (playgrounds, sport fields, outdoor rink, outdoor riding ring)	\$ _____
Fire Suppression System Maintenance	\$ _____
First Aid Supplies	\$ _____

**Total: \$** \_\_\_\_\_

#### Janitorial

Janitorial Wages	\$ _____
Janitorial Supplies	\$ _____

**Total: \$** \_\_\_\_\_

#### Staff Wages (if applicable)

Regular Staff Wages	\$ _____
Contract Staff Wages	\$ _____
Seasonal Staff Wages	\$ _____

**Total: \$** \_\_\_\_\_

*Continued on next page*

## Administration

Bank Charges	\$ _____
Accountant	\$ _____
Office Supplies	\$ _____
Photocopying	\$ _____
Newsletter	\$ _____
Postage	\$ _____
Website	\$ _____
Memberships (RFP or AMA)	\$ _____

**Total:** \$ \_\_\_\_\_

## FACILITY USAGE

Year of: \_\_\_\_\_

Total hours of use for facility	_____
Hours of use by your organization	_____
Hours of use by other organizations	_____

## DECLARATION AND AGREEMENT

### I DECLARE THAT:

1. I am a duly authorized representative having legal or financial signing authority for the above organization.
2. The information contained in this application and supporting documents is true and accurate and endorsed by the above organization.
3. I have read and understood this Declaration and the information contained in the grant application package.

### I HAVE ATTACHED:

- ☐ Current list of Executive and/or Board of Directors including names, positions/titles, addresses and phone numbers (home, work and email address).
- ☐ Previous year's annual financial statement.
- ☐ Copies of all estimates received for the project.

Dated at \_\_\_\_\_, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Printed Name