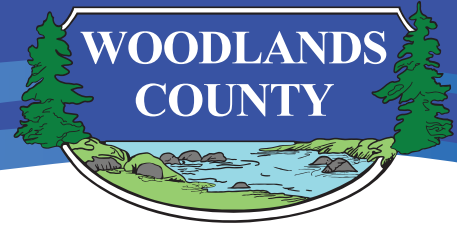


Woodlands County Community Organization Capital Grant



PART 1: 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 October 15 annually.

For more information contact Woodlands County at 780.778.8400, or toll free at 1.888.870.6315
or online at woodlands.ab.ca

Woodlands County

Community Organization Capital Grant

PART 2: PROJECT APPLICATION

Project Name: _____

Describe in detail the project you are planning to undertake.

(Please answer on a separate page and attach to this application)

Describe how the project will benefit your community and the County.

(Please answer on a separate page and attach to this application)

Please include photographs of repairs, enhancements or other aspects of your project.

We are completing this project because:

- Public Health and Safety requirements
- Accessibility needs
- Energy efficiency
- A need shown from a completed facility life cycle plan
- Other: _____

What other grants have been applied for?

- Alberta, Agricultural Initiatives Program
- Alberta, Community Facility Enhancement Program
- Alberta, Community Initiatives Program
- Alberta, Other Initiatives Program
- Other Grants: _____

Estimated start date: _____ Completion date: _____

Have you applied for a development permit for this project? Yes No

Does this project duplicate existing facilities in the community? Yes No

Was this project carried forward from last year's budget? Yes No

Are you requesting labour or services from Woodlands County? Yes No

If yes, what kind? : _____

PART 3: PROJECT BUDGET

Revenues:

Woodlands County Grant \$ _____

Other Grants:

Name: _____ \$ _____

Name: _____ \$ _____

Community Organization Contributions Working on the Project:

1. Cash \$ _____

2. Donated Labour to the Project

Unskilled Labour _____ hours @ \$15/hour \$ _____

Skilled Labour _____ hours @ \$30/hour \$ _____

3. Donated Materials

Heavy Equipment Operator _____ hours @ \$60/hour \$ _____

4. Other: _____ \$ _____

TOTAL REVENUES \$ _____

Expenditures:

Attach all estimates or quotes.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENDITURES \$ _____

50% ELIGIBLE \$ _____

TOTAL REQUESTING \$ _____

PART 4: MULTIPLE PROJECTS

If you have multiple projects, please fill out Part 2 & Part 3 for each individual project.
Please list in order of priority.

Project Title:

1. _____
2. _____
3. _____
4. _____

PART 5: 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. Any grant awarded will be used solely for the project(s) stated in this application and according to the grant parameters unless submitted in writing for changes to Woodlands County Council.
4. I have read and understood this Declaration and the information contained in the grant application package.
5. Woodlands County may use the information in marketing, promotion or advertising such as the website, newsletter or social media.

I HAVE ATTACHED:

- Copies of all estimates received for the project. Minimum 3 per item recommended.

Dated at _____, Alberta this _____ day of _____, 20_____.

Signature of Chairperson

Printed Name

Signature of Treasurer

Printed Name

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

