



## **CAPITAL SUPPORT OF RECREATION AND CULTURAL FACILITIES APPLICATION FORM**

### **APPLICATION INSTRUCTIONS**

Lacombe County has created this application form to ensure that the appropriate information is provided and so that requests for capital support can be reviewed and considered in a timely manner.

Applications must be completed, along with supporting documentation (if required), for funding requests to be considered. Applications may be submitted at any time throughout the year.

### **SUBMISSION OF CAPITAL SUPPORT REQUESTS**

Please forward application forms and supporting documentation to:

Lacombe County

RR 3

Lacombe, AB

T4L 2N3

or

[info@lacombecounty.com](mailto:info@lacombecounty.com)

All applications will be evaluated based on their conformance with Policy RC(1) Capital Support of Recreation and Cultural Facilities. A copy of this policy may be obtained by contacting the County office at 403-782-6601 or through the County's website by following the link below:

<http://www.lacombecounty.com/index.php/policies/recreation-and-culture-rc-1>

# POLICY RC(1) CAPITAL SUPPORT OF RECREATION AND CULTURAL FACILITIES APPLICATION FORM

## FACILITIES THAT MAY BE CONSIDERED FOR COUNTY SUPPORT

### FACILITY CATEGORIES

REGIONAL FACILITIES	DISTRICT FACILITIES	COMMUNITY FACILITIES
<b>FACILITIES</b>		
<ul style="list-style-type: none"> <li>• Indoor/Outdoor Swimming Pools</li> <li>• Indoor/Outdoor Multi-Purpose Facilities</li> <li>• Libraries</li> <li>• Single or Multi-Sheet Arenas</li> <li>• Visual and Performing Arts Centers</li> <li>• Land and Servicing for above facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Baseball Diamonds</li> <li>• Community Halls</li> <li>• Curling Rinks</li> <li>• Libraries</li> <li>• Museums</li> <li>• Outdoor Rinks</li> <li>• Playgrounds</li> <li>• Single or Multi-Sheet Arenas</li> <li>• Skateboard Parks</li> <li>• Soccer Fields</li> <li>• Trails</li> <li>• Water Parks</li> <li>• Land and Servicing for above facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Baseball Diamonds</li> <li>• Community Halls</li> <li>• Libraries</li> <li>• Museums</li> <li>• Outdoor Rinks</li> <li>• Playgrounds</li> <li>• Skateboard Parks</li> <li>• Rural Lakeshore Areas</li> <li>• Trails</li> <li>• Land and Servicing for above facilities</li> </ul>

**Facility Categories Definitions:**

Regional Facilities – facilities located in urban municipalities within or adjacent to the County that are used by residents of three or more municipalities.

District Facilities – facilities located in urban municipalities within or adjacent to the County that are primarily used by residents of that urban municipality and County residents from the surrounding area.

Community Facilities – facilities located in Lacombe County that are primarily used by Lacombe County residents.

## SECTION 1 - APPLICANT PROFILE

Legal Name of Organization:

The Joffre Community Society

Common Name of Organization (if different than legal name):

Act Group is Registered Under (if applicable)

Society Act

Registration No.:

Mailing Address of Applicant Organization:

Section 17(1), FOIPP Act

City/Town:

Lacombe, AB

Postal Code:

T4L 2N2

Project Contact:

Mr.  Mrs.  Ms.  Miss  Other

Name:

Angela Moores-Jones

Title:

Secretary/Treasurer

Phone:

Section 17(1), FOIPP Act

Fax:

E-mail:

Section 17(1), FOIPP Act

Signing Authority Contact (if different than project contact):

Mr.  Mrs.  Ms.  Miss  Other

Name:

Title:

Phone:

Fax:

E-mail:

## SECTION 2 - FACILITY/PROJECT INFORMATION: PART A

Facility/Project Name:

permanent horseshoe pits and facility upgrades

Facility/Project Location/Address:

Ast street West and TWP RD 391A

Municipality:

Facility Owner/Operator:

The Joffre Community Society

Facility Land Title Holder:

Facility Category (pick one):

Regional

District

Community

Project Type (pick one):

New Facility Development

Current Facility Upgrade

Current Facility Maintenance

Acquisition of Land or Buildings/Land Servicing

Facility Assessment or Study

Equipment/Machinery Purchase

Lifecycle Replacement

Other (describe below)

Indicate the demographics of the user groups that do/will utilize the facility:

Children

Men

Women

Seniors

Youth

General Public

Indicate the percentage of facility users that are or will be Lacombe County residents:

100%

Days and hours of operation of facility:

Mon - Sun 9am - 11pm

## SECTION 2 - FACILITY/PROJECT INFORMATION: PART B

Describe the facility/project:

- replacement of boards on tables/benches
- installation of permanent horseshoe pits with covers

What are the community needs that the facility/project will address?

- the horseshoe tournament is our annual fundraiser towards operating costs. Each year, we have had to remove and install the pits before and after the event. Permanent pits would allow for play year round, and remove the burden from volunteers of set up and take down
- benches and tables for the facility need boards replaced

Urban municipality support – if the project/facility is located in an urban municipality, describe that municipality's level of support for the facility/project and the on-going facility operating costs:

Community Support – how was the community consulted with about the facility/project and describe the level of community support for it?

- the Joffre Community Society has held verbal meetings regarding these upgrades, and all who attended the horseshoe tournament (over 150 people) agreed that having the pits permanently would be a great way to get together at the facility

Facility Utilization:

1. How many people do you anticipate will use the facility annually? 500

2. State the anticipated prime time and non-prime time usage of the facility:

Prime Time 80 %

(4:00 p.m. – 11:00 p.m. Monday to Friday. & 7:00 a.m. – 11:00 p.m. Saturday. & Sunday)

Non- Prime Time 20 %

(7:00 a.m. – 4:00 p.m. Monday to Friday)

Operating Cost Recovery Rate:

What percentage of operating costs will be recovered through user fees and rentals? \_\_\_\_\_ %



## SECTION 3 - FINANCIAL INFORMATION: PART B

### Estimated Level of Local Initiative and Fundraising:

Item Description and Valuation:	Amount (\$):
design hours (JCS executive) 10 hrs x 4 people = 40hrs x \$20/hr	\$ 800.00
construction: remove sod, place pits, assemble 10 hrs x 5 people	\$ 1,000.00
donation of tools needed for construction	\$ 250.00
local Girl Guides to paint (service project) 10 girls x 2 hours @ \$10/hr	\$ 200.00
upgrade: removal of old boards, dump disposal, replace with new 5 hrs	\$ 100.00
<b>Total</b>	<b>\$ 2,350.00</b>

**SECTION 3 - FINANCIAL INFORMATION: PART C**

Other Funding Sources:	Amount (\$):	Identify Funding Terms:	Identify Funding Confirmation:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant /Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
<b>Total</b>	\$ 0.00		

*If there are more than six other funding sources, attach a complete list separately.*

**SECTION 3 – FINANCIAL INFORMATION – PART “D”**

Cash Support Requested from Lacombe County	\$ 4,200.00
In-Kind Support Being Requested (if applicable)	
<b>TOTAL PROJECT FUNDING (Lacombe County + Other Sources)</b>	
\$ 4200	



### SECTION 3 - FINANCIAL INFORMATION: PART E

If you do not receive approval for all of the funding or support requested from any of the funding sources how do you plan to proceed with the project?

without the support of funding sources, we will not be able to replace the unsafe boards, or complete the horsehoe pit lids. this would lead to a huge cost to replace the sand for the upcoming season. In the past, we were able to utilize land and equipment owned by Lorne Cameron to remove and store the sand, but he has passed away.

Describe how you plan to address the on-going operational costs of the facility:

operational costs are met by funding provided by local organizations and the County of Lacombe, as well as our annual fundraiser and usage donations

Is your organization currently receiving operating support for the facility from Lacombe County?

Yes  No

If yes, explain how do you expect the project will affect on-going operating expenses?  
this will reduce our operating costs - we will not need to buy sand for upcoming horseshoe tournaments

If your facility is not receiving operating support from the County, will you be applying for support and if so how much support will you be requesting?

## SECTION 4 - SUPPORTING DOCUMENTATION

<b>Mandatory Documents</b>	<ul style="list-style-type: none"> <li>• Minutes from the Organization's meeting approving the application for Policy RC(1) support from the County</li> <li>• Project estimates, quotations or sources of estimates</li> <li>• Letters confirming project funding</li> <li>• Letter of support from urban municipality (for facility/project located within an urban municipality)</li> </ul>
<b>Other Documents That May be Required By Lacombe County</b>	<ul style="list-style-type: none"> <li>• Letters of support from other organizations (user groups, community organizations, school boards, etc.)</li> <li>• Drawings and plans</li> <li>• Feasibility study</li> <li>• Business plan</li> </ul>

## SECTION 4 - SUPPORTING DOCUMENTATION

List all documents attached to this application:

1.	home depot estimates
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

## SECTION 5 - AGREEMENT

### The Joffre Community Society

Name of Applicant Organization ("Organization")

**The Organization declares that the information contained in this application and supporting documents ("Application") is true and accurate and endorsed by the Organization and agrees that should this Application be approved any support is subject to the Organization complying with the terms and conditions set out below:**

- a) The Organization will use the County's support only for the stated purpose(s). Any changes to the project scope shall require prior written approval from the County.
- b) The Organization shall provide the County with a financial report of actual revenues and expenses for the project within 120 days of project completion.
- c) If the actual costs of the project are less than what the County's support was based on, the Organization shall return to the County its proportionate share.
- d) The Organization shall publicly acknowledge the support provided by the County in a manner acceptable to Lacombe County.
- e) A funding agreement may be required to address matters including, but not limited to, ownership of the facility in the event of dissolution of the Organization, repayment of County support upon the sale of the asset constructed or purchased with County funding, etc.
- f) The information provided in this application form will be shared with Council and the appropriate County staff.
- g) The Organization acknowledges that the *Freedom of Information and Protection of Privacy Act (FOIP)* applies to records submitted by the Organization to Lacombe County in relation to the grant application, including the Application and this Agreement. These records may be disclosed in response to an access to information request under the *FOIP Act*, subject to any applicable exceptions to disclosure under the Act.

**The Organization represents and warrants that the person signing is duly authorized to make the Application and is legally sufficient to bind the Organization to the Agreement.**

**Print Name:** Angela Moores-Jones      **Title:** Secretary/Treasurer      **Date:** 2019-09-12

**Signature:**

### OFFICE USE ONLY

<b>APPROVED:</b>	<b>YES</b>	<b>NO</b>	<b>RESOLUTION NO.:</b>	
<b>TOTAL APPROVED:</b>	<b>\$</b>		<b>DATE PAID:</b>	
<b>NOTES and COMMENTS:</b>				