



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

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

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: City	
Common Name of Organization (if different than legal name):	
Act Group is Registered Under (if applicable)	Registration No.:
Mailing Address of Applicant Organization: 5432 56 Avenue	
City/Town: Lacombe	Postal Code: T4L 1E9

Project Contact:		
<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Name: Guy Lapointe		Title: Director of Community Services
Phone: 403-782-1295	Fax: 403-782-5655	E-mail: glapointe@lacombe.ca
Signing Authority Contact (if different than project contact):		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Name:		Title:
Phone:	Fax:	E-mail:

SECTION 2 - FACILITY/PROJECT INFORMATION: PART A

Facility/Project Name:

Cemetery Development

Facility/Project Location/Address:

Fairview Cemetery

Municipality:

City of Lacombe

Facility Owner/Operator:

City of Lacombe

Facility Land Title Holder:

City of Lacombe

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:

50%

Days and hours of operation of facility:

SECTION 2 - FACILITY/PROJECT INFORMATION: PART B

Describe the facility/project:

Existing columbarium centerpiece and wall is filling up. There is a need for another addition to meet future demand.

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

This will provide much needed columbarium space.

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:

The City of Laocmbe has budgeted \$40,000 for this project.

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

Facility Utilization:

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

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

Prime Time _____ %

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

Non- Prime Time _____ %

(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 A

Facility/Project Cost:

Item Description:	Cost:
Columbarium expansion	\$ 40,000.00
Total	\$ 40,000.00

Complete the above, however, if you wish to provide a more detailed project budget, please attach separately to this application.

SECTION 3 - FINANCIAL INFORMATION: PART B

Estimated Level of Local Initiative and Fundraising:

Item Description and Valuation:	Amount (\$):
City of Lacombe	\$ 20,000.00
Total	\$ 20,000.00

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:
Total	\$ 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	\$ 20,000.00
In-Kind Support Being Requested (if applicable)	
TOTAL PROJECT FUNDING (Lacombe County + Other Sources)	
\$ 40000	

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?

The City of Lacombe will provide the necessary funds to suitably advance the columbarium expansion.

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

Ongoing maintenance is included in the annual cemetery operating budget.

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 expansion should enable the City of Lacombe to improve the user experience at the cemetery.

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

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

SECTION 4 - SUPPORTING DOCUMENTATION

List all documents attached to this application:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

SECTION 5 - AGREEMENT

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: Guy Lapointe

Title: Director of Community Services

Date: 2022-02-18

Signature:

FOIPPA 17

OFFICE USE ONLY

APPROVED:	YES	NO	RESOLUTION NO.:	
TOTAL APPROVED:	\$		DATE PAID:	
NOTES and COMMENTS:				