



RURAL CRIME WATCH SPECIAL PROJECTS APPLICATION FORM

APPLICATION INSTRUCTIONS

Lacombe County has created this application form to ensure that the appropriate information is provided and so that requests for special projects 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 SPECIAL PROJECTS 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 EN(10) Rural Crime Watch . 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/enforcement>

The following information must be provided as part of a special projects grant application:

- a. Total cost of the special project
- b. Explanation as to how the special project will be used to promote rural crime watch and safe communities
- c. Other funding partners and the contribution from the other funding partners
- d. Description of the target audience

SECTION 1 - APPLICANT PROFILE

Legal Name of Organization:	
Common Name of Organization (if different than legal name):	
Act Group is Registered Under (if applicable)	Registration No.:
Mailing Address of Applicant Organization:	
City/Town:	Postal Code:

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:
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 – SPECIAL PROJECT INFORMATION:

SPECIAL PROJECT NAME:

Special Project Location/Address:

Special Project Description:

TOTAL COST OF SPECIAL PROJECT:

<u>Item Description</u>	<u>Cost</u>
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TOTAL FUNDING REQUESTED

HOW WILL LACOMBE COUNTY BE RECOGNIZED FOR THIS CONTRIBUTION?

HOW WILL THIS SPECIAL PROJECT PROMOTE RURAL CRIME WATCH & SAFE COMMUNITIES

LIST OTHER FUNDING PARTNERS & THE CONTRIBUTION FROM THOSE PARTNERS:

Name of Partners:

Contribution:

DESCRIPTION OF THE TARGET AUDIENCE:

SECTION 3 - 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) The information provided in this application form will be shared with Council and the appropriate County staff.
- f) 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:	Title:	Date:
Signature:		

OFFICE USE ONLY			
APPROVED:	YES	NO	
TOTAL APPROVED:	\$	DATE PAID:	
NOTES and COMMENTS:			

 APPROVED
 TERRY HAGER, COUNTY COMMISSIONER