



RURAL CRIME WATCH / CRIME PREVENTION GROUP CAPITAL 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 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 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 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:

[Policies - Lacombe County](#)

The following information must be provided as part of a capital project grant application:

- a. Total cost of the capital initiative
- b. Explanation as to how the capital initiative will be used to improve the safety of the community
- c. Other funding partners and the contribution from the other funding partners
- d. Life expectancy of the capital initiative
- e. Estimate of ongoing operational costs related to the capital initiative

SECTION 1 - APPLICANT PROFILE

Legal Name of Organization:	
Common Name of Organization (if different than legal name):	
Group is Registered Under (Societies Act):	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 – CAPITAL PROJECT INFORMATION:

CAPITAL PROJECT NAME:

Project Location/Address:

Project Description:

TOTAL COST OF CAPITAL INITIATIVE:

<u>Item Description</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____

TOTAL FUNDING REQUESTED

HOW WILL LACOMBE COUNTY BE RECOGNIZED FOR THIS CONTRIBUTION?

HOW WILL THIS CAPITAL PROJECT IMPROVE THE SAFETY OF THE COMMUNITY?

LIST OTHER FUNDING PARTNERS & THE CONTRIBUTION FROM THOSE PARTNERS:

Name of Partners:

Contribution:

LIFE EXPECTANCY OF CAPITAL INITIATIVE:

ESTIMATE OF ONGOING OPERATIONAL COSTS RELATED TO CAPITAL INITIATIVE:

Operation:

Cost:

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
TIM TIMMONS, COUNTY MANAGER