



# General Grants to Organizations (GTO) Capital - 2025 Application

## **Process Schedule:**

Application Opens: February 1, 2024  
Application Deadline: May 1, 2024  
Funding Notification: December 2024  
Final Report Deadline: January 31, 2026

## **Funding Application Workshop by registration only:**

[grants@leduc.ca](mailto:grants@leduc.ca)

March 13, 2024 12:00 - 1:00 pm

March 14, 2024 5:30 - 6:30 pm

## **Submit all Applications and Final Reporting electronically to:**

[grants@leduc.ca](mailto:grants@leduc.ca)

## **Municipal Grants Policy**

For questions or assistance, please contact a Community and Social Development representative via the contact information below

Office Hours: Monday – Friday, 8:30 a.m. – 4:30 p.m.  
Main Reception: 780-980-7177  
[Grants@leduc.ca](mailto:Grants@leduc.ca)

## FUNDING REQUEST:

Year 1 Amount: \$\_\_\_\_\_ Year 2 Amount: \$\_\_\_\_\_ Year 3 Amount: \$\_\_\_\_\_

## APPLICATION CHECKLIST

Please use this checklist to ensure all items are included within your General Grants to Organization (GTO) application package. Attach one (1) copy of each document.

Description	Attached (please check)
<b>Financial Documentation</b>	
Most up to date financial statements including: <input type="checkbox"/> Balance sheet <input type="checkbox"/> Income statement	<input type="checkbox"/>
Most current year end financial statements (AGM board approved) including: <input type="checkbox"/> Budget sheet <input type="checkbox"/> Income statement	<input type="checkbox"/>
Price quote(s) on any non-operating capital expenditures per the city's <a href="#">Procurement Policy</a> (if applicable)	<input type="checkbox"/>
GTO Budget Template (Fee schedule if applicable)	<input type="checkbox"/>
Completed Direct Deposit Form (New applicant or changed information)	<input type="checkbox"/>
<b>Organization Information</b>	
Incorporation Number (or Terms of Reference if not a non-profit)	<input type="checkbox"/>
Most current Certificate of Corporate Annual Return	<input type="checkbox"/>
Fee Policy and Schedule (if applicable)	<input type="checkbox"/>
Current list of Board of Directors (see Section D: Attachment #1)	<input type="checkbox"/>
Bylaws (if applicable)	<input type="checkbox"/>

## SUBMISSION

All applications and supporting documentations are to be submitted electronically via email to [Grants@leduc.ca](mailto:Grants@leduc.ca).

- ✓ All Financial Statements require independent review and signatures by two (2) Board Members other than the Treasurer.

Applicants may be contacted for further information, clarification prior to the deadline, and/or be requested to attend the respective board meeting (PRC – May 2024. FCSS – May 2024), by Administration. **Incomplete applications at time of deadline will not be processed.**

FUNDING REQUEST:

Year 1 Amount: \$\_\_\_\_\_ Year 2 Amount: \$\_\_\_\_\_ Year 3 Amount: \$\_\_\_\_\_



**Applicant Declaration**

By initialing, we the undersigned do hereby declare that to the best of our knowledge this application:

1. \_\_\_\_ contains a full, current and accurate account for all matters stated herein;
2. \_\_\_\_ is made for and on behalf of the Organization by the undersigned;
3. \_\_\_\_ is in respect of a project which is in the best interests of the Organization and which has been officially approved by a majority vote as defined by the constitution of the Organization;
4. \_\_\_\_ we declare that the monies will be used for the purpose the application was approved, otherwise the grant money will be returned;
5. \_\_\_\_ we agree to fulfill the commitments of the grant, which include submitting the required final report by January 31<sup>st</sup> of the following year;
6. \_\_\_\_ we understand that we may be requested throughout the year to report back on funding allocations or to meet in-person to review and assess the funding criteria;
7. \_\_\_\_ we agree that our board will be represented at one (1) City of Leduc approved board development workshop per year of grant funding;
8. \_\_\_\_ we understand that if we are in arrears (have outstanding account balances) with the City of Leduc we are not eligible to apply for a grant;
9. \_\_\_\_ we understand that we can receive only (1) type of funding from the City per calendar year: Travel, Hosting or General Grants to Organization.

**If the grant is awarded, funding will be paid through the contact information indicated on the direct deposit form.**

**CERTIFICATION:**

\_\_\_\_\_  
Authorized Agency Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) STATEMENT

This personal information is being collected under the authority of section 33(c) of the FOIP Act and will be used to administer General Grant Funding. The aggregate data will be used by Community Services for program planning, and evaluation. All information gathered by the City of Leduc is protected by the provisions of the Act. Questions regarding the collection of this personal information may be directed to the City Clerk at (780) 980-7177.

**FUNDING REQUEST:**

Year 1 Amount: \$\_\_\_\_\_ Year 2 Amount: \$\_\_\_\_\_ Year 3 Amount: \$\_\_\_\_\_

**SECTION A: ORGANIZATION INFORMATION**

<b>Name of Organization:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Email:</b>	<b>Website:</b>

<b>Contact Name:</b>	<b>Contact Title:</b>
<b>Contact Phone Number:</b>	<b>Contact Email Address:</b>

<b>Is the organization a registered charity or non-profit?</b> <input type="checkbox"/> Non-profit <input type="checkbox"/> Charity <input type="checkbox"/> NO (Terms of Reference must be provided)	
<b>Incorporation Number or Charity Number:</b>	<b>Date of Incorporation:</b>

<b>Provide the mandate or mission of your organization:</b>
<b>Please select the category that <u>best</u> aligns your organization's mandate or mission with the City of Leduc's Vision:</b> <input type="checkbox"/> A great life <input type="checkbox"/> A caring community <input type="checkbox"/> A thriving region

FUNDING REQUEST:

Year 1 Amount: \$\_\_\_\_\_ Year 2 Amount: \$\_\_\_\_\_ Year 3 Amount: \$\_\_\_\_\_

<b>Number of paid staff:</b>  Full time: _____  Part time: _____	<b>Number of active volunteers:</b> _____  <b>Estimated number of volunteer hours per last completed year:</b> _____
<b>Number of active members or unique program participants/attendees in the last completed year:</b>            	
<b>Target Audience</b> (check all that apply):  <input type="checkbox"/> Children/Youth  <input type="checkbox"/> Families  <input type="checkbox"/> Adults  <input type="checkbox"/> Seniors  <input type="checkbox"/> Other: _____	<b>Target Population Served:</b>  City of Leduc _____ % Leduc County _____ % Other (please specify): _____ % _____

## FUNDING REQUEST:

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## SECTION C: CAPITAL

### NOTE: SECTION C IS NOT APPLICABLE TO OPERATING REQUESTS

#### Please refer to the Operating Application for Operational Requests

**Capital Expenditures** (e.g. assets that add value to the organization, things that the organization will tangibly own and will keep, facility enhancement, equipment purchases).

In accordance with the principles outlined in the city's [Procurement Policy](#).

Please submit

- 3 quotes for all capital expenditures
- Project Summary including: timeline, stakeholders, public involvement, collaborators and impacts

Facility Enhancement: Are you the building or landowner? Yes \_\_\_ No \_\_\_

If no, please attach Letter of Authorization

#### **Project Overview**

1. Project description (explain what your project is)

2. Project Type

- ☐ Facility renovation
- ☐ Facility construction
- ☐ Equipment purchase
- ☐ Assessment/Feasibility study
- ☐ Other

3. Project Location (Address or legal land description required)

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

## FUNDING REQUEST:

Year 1 Amount: \$\_\_\_\_\_ Year 2 Amount: \$\_\_\_\_\_ Year 3 Amount: \$\_\_\_\_\_

### 4. Facility title holder:

(Please enter the name of the titleholder/owner for the facility or site. A letter of support from the titleholder/owner must be included if the titleholder/owner is not the applying Organization).

### 5. If the Organization does not own the facility or site, please provide the following information

Term of lease: Start date \_\_\_\_\_ End date \_\_\_\_\_

Option to Renew? ☐ Yes, \_\_\_\_\_ number of years ☐ No

### 6. Will the capital asset/equipment be owned and operated by your organization for a minimum of 5 years?

☐ Yes

☐ No

If no, please provide details \_\_\_\_\_

7. What is the anticipated Start date \_\_\_\_\_ End date \_\_\_\_\_

8. If your organization has a current operating surplus, operating reserves, or unrestricted cash assets, please provide an explanation of what you plan to do with these funds if they are not allocated to this project:

## Section: Project Rationale

1. The City of Leduc's vision is: A great life. A caring community. A thriving region. Describe how your project meets these outcomes.

2. What need is there for the project that is not currently being filled in the community?

FUNDING REQUEST:

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3. What are the project constraints, risks or unknowns (for example, community support, permits, budget, schedule, etc.)?

4. What is the estimated number of people who will benefit from this project?

- ☐ Up to 100
- ☐ 101 – 500
- ☐ 501 – 1,000
- ☐ 1,001 – 5,000
- ☐ 5001- 10,000
- ☐ 10,000+

5. How did you calculate these numbers?

6. How does your organization plan to sustain this project in the future?

- ☐ Project is a one-time initiative
- ☐ Project will generate its own revenue
- ☐ Collaborative partnerships
- ☐ Operational funding assistance will be explored
- ☐ Secure funding for the project from other sources
- ☐ Other \_\_\_\_\_
- ☐ Not sure

7. If full funding is not approved, will your project remain viable?

- ☐ Yes
- ☐ No

8. What is your contingency (back up) plan if you receive partial funding (explain how you would reduce the scope or phase your project)?



FUNDING REQUEST:

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**Section: Project Budget**

	<b>Total Cost</b>	<b>Funded by Other (including gift in kind)</b>	<b>Request Amount</b>
<b>Consultants</b>			
<b>Contractors</b>			
<b>Materials</b>			
<b>Equipment</b>			
<b>Labour</b>			
<b>Other (please specify)</b>			
<b>Other (please specify)</b>			
<b>Other (please specify)</b>			

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## SECTION D: OTHER CONSIDERATIONS

Have you **received any financial or in-kind support** from the City of Leduc, other than Grants to Organization, through the duration of this grant funding request (e.g. use of Co-op Field House, Public Services soil donation, etc.)?

Note: In-kind or non-cash donations can be goods, services or the labor of people assigned to assist a non-profit. **Please also list if you receive any additional in-kind services and or agreements** such as Snow removal, Subsidized lease, subsidized utilities, Facility/ ground maintenance, Payroll administration.

☐ Yes

☐ No

Explanation:

## SECTION E: SUSTAINABILITY

If you **receive less funding than requested**, what impact will this have on your program/service/project?

How are you planning to become financially independent or sustainable? What additional sources of revenue and grants will your organization be seeking?

If your organization has a surplus at the end of the year, what are your plans associated with the surplus (i.e. Transfer to reserve (including detail/policy for reserve), carry forward for specific project/program, etc.)?

FUNDING REQUEST:

Year 1 Amount: \$\_\_\_\_\_ Year 2 Amount: \$\_\_\_\_\_ Year 3 Amount: \$\_\_\_\_\_

SECTION F: CURRENT BOARD OF DIRECTORS

NAME	BOARD POSITION	PHONE NUMBER(S)	EMAIL