



# General Grants to Organizations (GTO) Operating - 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:

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

**SECTION B: OPERATIONAL - PROGRAM, SERVICE and/or PROJECT DESCRIPTION**

**NOTE: SECTION B IS NOT APPLICABLE TO CAPITAL PROJECT REQUESTS**

**Please refer to the Capital Application for Capital Project Requests**

**Program/Service/Project Description**

Provide a statement about what the program/service/project is and what it intends to do with the funds provided.

Describe how the program/service/project intends to enhance or impact: A great life; A caring community; or A thriving region (e.g. Promote healthy active individuals, the program/service/project will help develop independence and strengthen coping skills, connection to our city’s history, identity and culture).

How did you identify the need for this program/service/project?

## FUNDING REQUEST:

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

Please complete chart below using the following information:

### Input (Activity Description)

- The main tasks or functions of your program/service/project.
- What kind of program/service/projects will you do with this funding?

### Output (Number of Activities)

- Number of each program/service/project planned.
- How many program/service/projects will you do with this funding?

Input	Output
<i>e.g. Provide acrylic painting workshop for teens</i>	6

### Outcome (Success Indicators)

List what will be used to analyze the success of your program/service/project:

#### Quantitative

- e.g. increased number of participants - attendance collection
- How will you track this? What tool will you use?

#### Qualitative

- e.g. participant satisfaction rate - post program/service/project online survey
- How will you track this? What tool will you use?

Quantitative	Tool
<i>Increase number of attendance in each acrylic painting workshop from 10 to 20 teens</i>	<i>Registration/attendance list</i>
Qualitative	Tool
<i>80% of participants were satisfied</i>	<i>Satisfaction survey</i>

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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