



General Grants to Organizations (GTO) Capital - 2027 Application

Process Schedule:

Application Opens: March 1, 2026
Application Deadline: May 1, 2026
Funding Notification: December 2026
Final Report Deadline: January 31, 2028

Funding Application Workshop by registration only:

grants@leduc.ca

March 9, 2026 12:00 - 1:00 pm

March 9, 2026 6:30 - 7:30 pm

Submit all Applications and Final Reporting electronically to:

grants@leduc.ca

For questions or assistance, please email 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)
Mandatory Financial Documentation	
<input type="checkbox"/> 2024 January - December Balance Sheet <input type="checkbox"/> 2024 January - December Income Statement <input type="checkbox"/> 2025 January - December Balance Sheet <input type="checkbox"/> 2025 January - December Income statement (Reviewed and signed by two board members, not the treasurer)	<input type="checkbox"/>
Price quote(s) on any non-operating capital expenditures per the city's Procurement Policy (if applicable)	<input type="checkbox"/>
GTO Budget Template	<input type="checkbox"/>
Completed Direct Deposit Form (New applicant or changed information)	<input type="checkbox"/>
Organization Information	
Incorporation Number (or Terms of Reference if not a non-profit)	<input type="checkbox"/>
Approved Certificate of Corporate Annual Return (must be no later than 2025)	<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.

- ✓ 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 after the application is reviewed by the respective Advisory board. (PRC/FCSS)

***** applications at time of deadline will be reviewed as is and may impact funding decisions****

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 31st 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 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;
8. ___ 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

Protection of Privacy Act (POPA)

The Purpose of this application form is to provide information for the Grants to Organization program. Information collected on this form is in accordance with section 4(c) of the Protection of Privacy Act. For information regarding the collection, use and disclosure of the information collected on this form, you may contact the City's Privacy and Access Officer by mail at City of Leduc, 1 Alexandra Park, Leduc, AB T9E 4C4

FUNDING REQUEST:

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

SECTION A: ORGANIZATION INFORMATION

Name of Organization:	
Mailing Address:	
Phone Number:	Fax Number:
Email:	Website:

Contact Name:	Contact Title:
Contact Phone Number:	Contact Email Address:

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

Provide the mandate or mission of your organization:

Please select the category that <u>best</u> aligns your organization's mandate or mission with the City of Leduc's Vision: <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: \$ _____

SECTION B: CAPITAL - CONSTRUCTION, BUILDING IMPROVEMENTS OR MAJOR EQUIPMENT

Capital Expenditures

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

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 Ownership

4.1 Are you the building or land owner?

- Yes No

4.2 Facility title holder/owner name:

If you are *not* the owner, a Letter of Authorization / Letter of Support from the titleholder must be attached.

5. Lease or Use Agreement (If the organization does not own the facility)

5.1 Term of lease/use agreement:

- Start date: _____
- End date: _____

5.2 Option to renew?

- Yes, for _____ additional years
 No

If **no**, please explain:

6. Ownership & Operation of Capital Assets/Equipment

Will the capital asset or equipment be owned and operated by your organization for a minimum of five (5) years?

- Yes
 No

If **no**, please explain:

7. Project Timeline

Anticipated project dates:

- Start date: _____
- End date: _____

FUNDING REQUEST:

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

8. Financial Position

If your organization has a **current operating surplus, operating reserves, or unrestricted cash assets**, please explain what you plan to do with these funds if they are **not allocated to this project**:

SECTION C: 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?

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

FUNDING REQUEST:

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

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:

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

SECTION D: PROJECT BUDGET

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

SECTION E: 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:

FUNDING REQUEST:

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

SECTION F: 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 G: CURRENT BOARD OF DIRECTORS

NAME	BOARD POSITION	PHONE NUMBER(S)	EMAIL