



General Grants to Organizations (GTO) Operating - 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 6:00 - 7:00 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	<input type="checkbox"/>
(Must be signed by two members of the board, not the treasurer)	
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 meeting (PRC/ FCSS).

**** applications at time of deadline will be reviewed as is, this 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: \$ _____

Number of paid staff: Full time: _____ Part time: _____	Number of active volunteers: _____ Estimated number of volunteer hours per last completed year: _____
How many people took part in your programs or events last year? 	
Target Audience (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: _____	Target Population Served: City of Leduc _____ % Leduc County _____ % Other (please specify): _____ % _____

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

Program/Service/Project Description

Tell us about your program, service, or project and what you want to do with the funding.

Community Impact

How will this program or project support one or more of the following:

- A great life (*e.g. promote healthy active individuals*)
- A caring community (*e.g. help people feel more connected or supported*)
- A thriving region (*e.g. support local culture, history, or community identity*)

Community Need

How did you identify the need for this program or project?

You may include what you heard from the community, what you observed, or any local data or experience that shows this need.

FUNDING REQUEST:

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

SECTION D: OTHER SUPPORTS

Do you receive any help from the City of Leduc? (supplies, services)

- Yes
- No

If yes, please list:

SECTION E: SUSTAINABILITY

If you receive less funding than requested, how would this affect your organization?

How does your organization plan to support its operations in the future? Please describe any current or planned sources of funding, such as other grants, fundraising, sponsorships etc.

If you have money left over at the end of the year, what will you do with it? E.g. save it for later, use it for another program.

FUNDING REQUEST:

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

SECTION F: CURRENT BOARD OF DIRECTORS

NAME	BOARD POSITION	PHONE NUMBER(S)	EMAIL