

Community Group Funding Application

Please submit completed form to *grants@cityofqp.com*

Description

The City of Grande Prairie provides financial support to various community groups or agencies who provide programs and services that enhance and enrich the City and its residents. Community group or agency has the meaning of a "non-profit organization" as defined in section 241(f) of the Municipal Government Act. The funding will be based on approved budget resources.

In determining the allocation to various community groups or agencies, administration will make recommendations based upon community need and the ability of community groups or agencies to respond to that need. It is expected that community groups or agencies will meet established criteria, provide supporting documentation, and show outcomes and results of the funding. In some cases, Provincial criteria must also be met.

Event sponsorship will be considered separately from community groups or agencies grants, according to *Policy 112 (Corporate Sponsorship)*.

Guidelines

- The City may provide operational/capital funding for programs or projects which enhance and enrich the community.
- 2. Applications must be based on community needs.
- 3. Agencies must provide a business case for the funding, including indication of financial need (including financial statements).
- 4. Grants will be provided on a two (2) year budget cycle. Grants for the Enhancement category will be provided on an annual basis.
- 5. Applications will be received by no later than April 30.
- 6. Administration will review the applications, based on the agency's ability to meet established criteria, priority outcomes, and will consider past performance.
- Administration will make recommendations to the Corporate Leadership Team (CLT), as to the funding allocation.
- 8. Administration, from liaison departments, will notify the applicant on the status and outcome of the application.
- 9. CLT will then recommend to Council Committee of the Whole, who may refer the funding recommendations to the next budget deliberations.
- 10. Applicants may appeal the funding allocation to Council Committee of the Whole budget deliberations.
- 11. Funds will be disbursed to successful applicants upon execution of a Funding Agreement with the City.
- 12. The agency will report annually to Administration the outcomes of the program, including a financial account of the funds expended.
- 13. Community groups or agencies that receive \$100,000.00 or more in annual grant funding will present this report to the appropriate Standing Committee of Council.

Funding Categories

- Community groups/agencies that foster connections among people through socially inclusive programs and services with a diverse offering of cultural and recreational opportunities.
- **Economy** groups/agencies that contribute to a healthy economy and advance economic growth for business and the community.
- Safety groups/agencies that undertake protective measures to respond and protect the community from harm and provide a safe and healthy community.
- **Enhancement** groups/agencies that directly contribute to quality of life and enhance the livability of the community.

Submission Information

Complete applications may be submitted electronically to **grants@cityofgp.com**. If you do not receive a confirmation email when you submit your application, please contact us directly by phone at **780-538-0453**.

FOIP Act Policy

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP Act), and will be used to administer the applications brought forward for consideration for funding from the City of Grande Prairie. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. Please forward any questions or concerns to *grants@cityofgp.com*.



				Clear Fo	orm	Print Form
Applicant's Information	on					
Registered Name of Org	janization					
Mailing Address				City		
Province				Postal Code		
Society Number						
Local Contact Informa	tion of Per	son Completing App	lication Form / Qu	uestions		
Contact Name						
Phone (Main)			Phone (Cell)			
Email						
Is the organization run	by voluntee	ers, paid staff or a com	bination of both?			
1	the number	of volunteers, and		the numbe	r of volunteer hou	rs worked per year.
1	the number	of paid staff, and		the numbe	r of paid hours pe	r year.
1	the number	of members.				
Type of Grant Applicat	t ion (Check an	d fill out both sections below	if applying for both)			
Grant Status	☐ New	Grant Application	Existing G	rant Recipient		
Grant Type	☐ Opera	ational Grant	Capital Gra	ant		
Existing Recipients of C	ommunity (Group Funding:				
• Provide Financial S	tatements (if available) or incom	e statement and b	alance sheet f	or most recent ye	ar end.
New Applicants:						
Financial and Documen Note: The following information	•		e considered incomplete	and may not be elig	gible for funding.	
Provide a copy of your orga			·	·		
Provide a copy of your mos	st recent proof o	f tax filing/tax return.				
		submitted your proof of filing nnce Sheet from your accounti				
Attach a copy of your busin	ness plan for the	year(s) you are applying for f	unding.			
Attach EFT document (if no	ot already set up	for EFT).				
Attach your most recent ye	ear end financial	statements from an Indepen	dent Chartered Professio	nal Accountant.		
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				Clear Form		Print Form
Organization Name						
Operational Grant Funding Amount Requested	2024:	2025:	Capital Grant Funding Amount Requested 2024		2024:	2025:
	The number of po	ersons served by	your orga	nization annually	1	
	The number of persons served who are residents of the City of Grande Prairie					
Category of Funding (descriptions can be found in the guidelines section)	Community	☐ Safety	☐ Ec	onomy 🔲 Er	nhancen	nent (Max. \$14,999)
Please describe the core services	and programs you	r organization pr	ovides to tl	he residents of Gra	nde Prai	rie. If there is duplication
of programs/services within other	er organizations in	the City, please d	lescribe wh	at makes your pro	grams/se	ervices unique.
Describe how your organization	n's core services ar	nd programs alig	ıns with <u>Ca</u>	ouncil's strategic p	<u>riorities</u>	
What impact will this funding/project have on the City of Grande Prairie? Please describe your expected outcomes, benefits, impacts, and how they will be measured. (ex. economic impact, social impact, key performance indicators, etc.)						
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		Clear Form	Print Form		
Provide allocation estimates on how you intend to use City operational funding for your organization in the funding year(s) you are applying for.					
%	Program or Services:				
%	Staffing Costs (salaries, benefits, etc.):				
%	Equipment & Supplies:				
%	Other (please specify):				
%	Total % Spent				

Summary of estimated projected annual revenue streams and sources.				
Revenue Streams	2024 Revenue (\$)	2025 Revenue (\$)	Explanation of Funding Source	
Government — City of Grande Prairie	\$	\$		
Government — County of Grande Prairie	\$	\$		
Government — MD of Greenview	\$	\$		
Government — Federal	\$	\$		
Government — Provincial	\$	\$		
Fundraising	\$	\$		
Gift in Kind	\$	\$		
Sponsorship	\$	\$		
Internal Revenue Generation (ex. programs, rentals, etc.)	\$	\$		
Other	\$	\$		
Total	\$	\$		

For capital grant requests, please provide information about your capital project, including budget and timelines.



		Clea	r Form	Print Form		
Gift in Kind (GIK) Contributions	s Expected This Year					
Examples of GIK include: insurance, rent/leas memberships/donations for prize baskets, st			and other services pro	ovided, sponsorship/		
GIK Provided By	Type of GIK		Value (\$ Amo	lue (\$ Amount)		
Please list any reserves/endowme	ant funds/retained earnings ar	nd how they will be utiliz	ed and identify	and restrictions for use		
riease list ally reserves/elluowille	ent fullus/retaineu earnings ar	id now they will be utiliz	eu, and identify	and restrictions for use.		
Please list any other resources th				s (i.e. Gift in Kind).		
Describe how you would use thes	se resources and how they wo	uld help your operations	i.			
Please provide a summary of cha	ıllenges you anticipate facing	in the funding year you	are applying fo	ır.		
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Applicant's Signature						
Signature		Date				
For Office Handware						
For Office Use Only						
Application Date		Date Received				
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