



# Clear Hills County

Effective Date: August 4, 2020

Policy Number: **7002**

## Title: **CAPITAL GRANTS**

### 1. **Policy Statement**

1.1. Clear Hills County shall provide grants to community organizations, and establish a system for evaluating applications for and distributing capital funds.

1.2.

### 2. **General**

2.1. Council may annually during budget deliberations, establish a budget for capital grants.

2.2. Council may maintain a capital reserve to assist community organizations in maintaining or enhancing facilities. Emphasis will be placed on maintenance of existing facilities.

### 3. **DEFINITIONS:**

3.1. Capital projects and asset purchases are considered to be the following:

Major Asset Class	Minor Asset Class	Capitalization Threshold	Useful Life
<b>Land</b>		No minimum value	N/A
<b>Land Improvements</b>		\$5,000	25 years
<b>Buildings</b>		\$25,000	25 years
<b>Engineered Structures</b>	Roadways	\$50,000	25 years
	Water Systems	\$50,000	Distribution – 75 years Plant – 30 years
	Wastewater Systems	\$50,000	Distribution – 75 years Plant – 30 years
<b>Machinery &amp; Equipment</b>		\$5,000	15 years
<b>Vehicles</b>		\$5,000	10 years

Table extracted from Clear Hills County Capitalization Policy 1207 Section 4.

3.2 Maintenance is considered to be projects and asset purchases that are below the capitalization threshold and/or useful life in 2.1, above.

### 4. **Funding Eligibility**

4.1. Eligible applicants include:

- Community not-for-profit groups (must provide Certificate of Incorporation under the Societies Act)
- 4.2. Eligible projects must be capital in nature and no funds can be allocated to the operation of a facility.
- 4.3. Clear Hills County's capital grant funds are intended to support projects in the areas of:
  - Recreation, sport and community facilities
  - Arts and culture
  - Parks and playgrounds

## **5. Applications**

- 5.1. Applications for capital grants must be received by the County prior to September 1 of each year, Funds for approved capital grant applications will be included in the County's budget for the next fiscal year.
- 5.2. Applications for capital funding must be endorsed by the respective area recreation board and should be for a purpose included in that Board's five year capital plan.
- 5.3. Applications must be submitted using the application form in appendix "A".
- 5.4. The following criteria will be used to determine eligibility of funding:
  - Fund Raising Efforts.
  - Facility Usage.
  - Other Potential Funding Sources.
  - Urgency.
  - Previous Capital Grants Received.

## **6. Method of Funding**

- 6.1. The maximum grant will be \$25,000 per project. Council may by resolution authorize a larger grant.
- 6.2. A maximum of 50% of total project funding (excluding GST) may be derived from Clear Hills County.
  - 6.2.1. Donated labour / services and material / equipment may be estimated and included in the estimate of total project costs.

## **7. Conditions**

- 7.1. Clear Hills County will be advised when any approved project starts. Funds will not be disbursed until the project has been started.
- 7.2. The Grant recipient will install and maintain signage to acknowledge Clear Hills County for their support and contribution. Cost of signage is an eligible expense.
- 7.3. If a project does not start within two years of approval a new approval will be

required for that project.

- 7.4. If any project is not completed within two years of approval the organization that received the grant may request an extension in writing explaining why the extension is requested, including a current financial accounting statement, the estimated percentage of work completed and the estimated date of completion.
- 7.5. Any unexpended funds must be returned to the County with the financial accounting statement of expenditures.
- 7.6. Good and Services Tax (GST) is an ineligible expense and is to be excluded when calculating the total cost of a project.
- 7.7. Donated material and equipment may be included at a rate that can be substantiated with independent quotes.
- 7.8. Donated labour may be included at a rate of \$20.00 (twenty dollars) per hour.
  - A log of donated labour must be maintained.

## **8. Dissolution Agreement**

- 8.1. Any organization who receives a capital grant must have a dissolution agreement in place with the county, indicating that ownership of capital assets of the organization will revert to a non-profit organization within the County with similar purposes or the area recreation board, with prior approval of the County if the organization should become defunct.
- 8.2. The dissolution agreement will include the condition that the organization will display signage, provided by the county, acknowledging the support and contribution by the County.
- 8.3. The County will provide the following types of signage:
  - Adhesive stickers for equipment
  - Exterior sign for outdoor facilities
  - Interior sign for buildings

## **9. End of Policy**

### **ADOPTED**

Resolution #C193-02

Date: March 25, 2003

### **AMENDED**

Resolution #C241-04

Date: March 23, 2004

### **AMENDED**

Resolution #C478-04

Date: May 25, 2004

### **AMENDED**

Resolution #C872

Date: October 27, 2009

### **AMENDED**

Resolution #C171(02/02/11)

Date: February 22, 2011

AMENDED

Resolution #C188-14(03/25/14)

Date: March 25, 2014

AMENDED

Resolution #C38-15(01/13/15)

Date: January 13, 2015

AMENDED

Resolution #C409-16(07/19/16)

Date: July 19, 2016

AMENDED

Resolution #C188-19(04/09/19)

Date: April 9, 2019

AMENDED

Resolution #C342-20 (08/04/20)

Date: August 4, 2020

## Clear Hills County

Box 240, Worsley, AB, T0H 3W0

Phone: (780) 685-3925 Fax: (780) 685-3960

## CAPITAL GRANT APPLICATION FORM

**Deadline September 1**

### ORGANIZATION

Legal Name: \_\_\_\_\_

Incorporation/Act Registered Under: \_\_\_\_\_

Registration No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No: (day) \_\_\_\_\_

(evening) \_\_\_\_\_

(fax) \_\_\_\_\_

Attach Certificate of Incorporation under the Societies Act

List of Executive: (On a separate piece of paper, provide a list of your current executive and/or board of directors, complete with names, positions/titles, addresses and phone numbers)

Financial Information: (Please attached previous year financial statements and current years proposed budget. Financial statements must include detailed list of funds currently held by organization.)

### PROJECT

Project Description/Details: (On a separate piece of paper provide a detailed description of project, including the need for the project, who will use it, and why you believe it should be funded.)

Total Project Cost \$ \_\_\_\_\_ (Attach a detailed breakdown of cost estimated for your project, do not include GST)

### FUNDING

Capital Grant Requested \$ \_\_\_\_\_ (Maximum request is the lesser of 50% of total project (excluding GST) and \$25,000 Larger grants may be authorized by Council resolution)

Donated Labour / Services \_\_\_\_\_ (Attach a detailed break down)

Donated Material / Equipment \_\_\_\_\_ (Attach a detailed break down)

Other funding: \_\_\_\_\_ (Attach a detailed break down)

Total Project Funding (excluding GST) \$ \_\_\_\_\_ (This figure should be the sum of above figures and equal to the total Project cost)

Have you received other grants from the County in the past 5 years? \_\_\_ Yes \_\_\_ No

If yes: Year \_\_\_\_\_ Amount \_\_\_\_\_ Project \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_ Project \_\_\_\_\_

(attach additional piece of paper if needed)

### DECLARATION

I declare that:

- I am a duly authorized representative having legal and/or financial signing authority for the above organization.
- The information contained in the application and supporting documents is true and accurate and endorsed by the above organization.
- A financial accounting statement of expenditures will be submitted to Clear Hills County the earlier of 90 days after completion of the project and a year after receiving the funds.
- Clear Hills County will be advised when the project starts should funding be approved.
- As a condition of accepting financial assistance, the organization agrees to signing a dissolution agreement with the County.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE NO. (work) \_\_\_\_\_ (home) \_\_\_\_\_

DATE \_\_\_\_\_