http://albertalotteryfund.ca/media/content/CFEP_logo.gif

**Community Facility**

**Enhancement Program**

**Small Funding Stream**

Application Form

**Organizations can submit their application:**

By email to: communitygrants@gov.ab.ca

**\*IMPORTANT INFORMATION\***

For deadlines that fall on a **weekend** or **statutory holiday** applications

will be accepted until the end of the next business day.

**Please read the guidelines carefully before beginning the application.**

**Incomplete applications will not be considered.**

**Please keep a copy of this application for your records.**

June 22, 2023



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| **http://albertalotteryfund.ca/media/content/CFEP_logo.gifCommunity Facility Enhancement Program (CFEP)**  **Small Funding Stream** | | | | | | | |
| **Section A – Organization Information** | | | | | | | |
| *Incorporated (Legal) Name of Organization (must match incorporation name):* | | | | | | | |
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| *Act the Organization is registered under (see CFEP guidelines section 3.1 for list of all eligible acts):* | | | | | | | |
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| *Registration Number:* | | | | | *Registration Date:* | | |
| *Address of Organization (should match the registered address through incorporation)* | | | | | | | |
|  |  | | | | | | |
| *City:* | | | *Province:* | | | *Postal Code:* | *Country:* |
| Mailing Address (\*Same as above?)  **Yes  No *If no, please provide details below*** | | | | | | | |
| *Mailing Address (for Organizations registered outside of Alberta, the address must be Alberta based and regularly monitored by an active member of the Organization)* ***\*NOTE – All correspondence will be mailed to this address*** | | | | | | | |
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| *City:* | | | *Province:* | | | *Postal Code:* | *Country:* |
| *Organization Contact Information:* | | | | | | | |
| *Legal Authorized Signing Authority Contact (must be an Alberta representative’s contact details):*  **Mr. Mrs. Ms. Other:** | | | | | | | |
| *Name:* | | | | *Organization Position Title:* | | | |
| *Daytime Phone:* | | *Extension:* | | *Email:* | | | |
| *Primary Application Contact (must be an Alberta representative’s contact details):*  **Mr. Mrs. Ms. Other:** | | | | | | | |
| *Name:* | | | | *Organization Position Title:* | | | |
| *Daytime Phone:* | | *Extension:* | | *Email:* | | | |

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| **Section B – Project Overview** | | | | | | | | |
| *Project Title:* | | | | | | | | |
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| *Brief Project Overview – two to three sentences that concisely describes your project (100 words max):* | | | | | | | | |
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| *Primary category focus of the project (choose one):*  **Community Services Education Social Services Health Arts**  **Environmental Sports and Recreation Culture Other:** | | | | | | | | |
| *Project Scope (choose one):* **Local Provincial National** | | | | | | | | |
| *Project type (choose one):*  **Facility Renovation Facility Construction Capital/Equipment Purchase**  **Assessment/Feasibility Study  Other** | | | | | | | | |
| *Who will benefit from the project? (choose all that apply):*  **Children Men Seniors Women  Youth**  **General Public Families  Other**  *Please list any additional groups that will benefit from the project:* | | | | | | | | |
| *Project Location (Name of the Facility location for the project or initiative):* | | | | | | | | |
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| *Address or Legal Land Description required (PO Box addresses will not be accepted):* | | | | | | | | |
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| *City:* | | | | | | *Postal Code:* | | |
| *Facility Operator (please enter the name of the Organization that operates the facility):* | | | | | | | | |
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| *Facility Title Holder (please enter the name of the titleholder for the facility or site. A letter of support from the titleholder must be included if the titleholder is not the applying Organization):* | | | | | | | | |
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| *If the Organization does not own the facility, please provide the following information:*  *Term of Lease -* ***Start Date*:       *End Date:***  Option to Renew?  **Yes, for       number of years No** | | | | | | | | |
| *Will the capital asset/equipment be owned and operated by the Organization for a minimum of 5 years?*  **Yes  No** *(if No, provide details)* | | | | | | | | |
| *Will the project be carried out by a third party?*    **Yes No** *(if Yes, provide details)* | | | | | | | | |
| **Section C – Organization Overview** | | | | | | | | |
| *Summary of the mandate, membership and main activities of your organization (100 word max):* | | | | | | | | |
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| *Summary of the programs and/or services your Organization provides to the community (100 word max):* | | | | | | | | |
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| *In the last year your Organization has served:* | | | | | | | | |
| number of clients | | | | number of paid staff | | | | number volunteers |
| **Section D – Project Information** | | | | | | | | |
| **CFEP Outcomes are to:**   * **Enhance the lifespan and support the creation of public-use community facilities.** * **Stimulate economic activity in communities across the province.** | | | | | | | | |
| *1. Please summarize your project and demonstrate how it meets the above outcomes:* | | | | | | | | |
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| *2. Describe your Organization’s experience in carrying out projects of a similar nature or scope:* | | | | | | | | |
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| *3. What percentage of funding for the project is:* | | | | | | | | |
| *Confirmed:* | | | *Pending:* | | | | *Still to be fundraised:* | |
| *4. How will the facility be maintained and operated in the future?* | | | | | | | | |
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| *5. If your Organization does not receive the full amount of funding requested through CFEP, is the project still viable? If yes, please explain.* | | | | | | | | |
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| *6. How many people will benefit directly from the project? How is this measured (what is the basis for the figure)?* | | | | | | | | |
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| *7. Please describe why your project is important and how it will help encourage community engagement:* | | | | | | | | |
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| *8. Please provide details on how and to what level the community will access the facility:* | | | | | | | | |
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| *9. What need is there for the project that is not currently being fulfilled in the community?* | | | | | | | | |
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| *10. Describe any partnerships and/or collaborations for the project:* | | | | | | | | |
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| *11. What is the anticipated* | | | | | | | | |
| *Start Date:* | | | | | *Completion Date:* | | | |
| *12. If your Organization has a current operating surplus, operating reserves, or unrestricted cash assets, please provide an explanation of what you plan to do with these funds, if they are not allocated to this project:* | | | | | | | | |
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| *13. If your Organization has a current operating or accumulated deficit, explain how the deficit was acquired and the plan for reducing it:* | | | | | | | | |
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| *14. Does the facility receive regularly budgeted capital funding from another Government of Alberta funding source?*  **Yes  No** *(if yes please provide details):* | | | | | | | | |
| *15. Has the Organization applied for, or already received, funding for this project from any other Government of Alberta funding program?*    **Yes  No** *(if yes please provide details):* | | | | | | | | |
| *16. Is your Organization applying for non-matching funding up to $10,000?*    **Yes  No**  *If Yes, please provide demonstration of need (see CFEP guidelines section 5.6 for Conditions):* | | | | | | | | |
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| **Section E – Budget Template** |
| ***\*\*Please download, complete and attach the*** [***Section E Project Budget Template***](https://www.alberta.ca/system/files/acsw-cfep-small-budget-template.xlsx) ***for CFEP Small Funding Stream\*\****  ***Budget template can be found at*** [***alberta.ca/community-facility-enhancement-program-small***](https://www.alberta.ca/community-facility-enhancement-program-small#jumplinks-3) |
| **Section F – Attachments Checklist** |
| ***Please check all applicable boxes for the information that has been submitted with the application:***  ***Mandatory information required:***  Complete sections A through F of the CFEP Small Funding Stream Application Form  Financial Statement – signed by two legally authorized representatives of the Organization  List of Executives – including names, titles, daytime phone numbers and email addresses  Letter of Support from the Titleholder (when applicable)  Estimates, supplier quotations or sources of estimates  Donated-in-Kind details, including letters from donors, for donated labour, materials and/or equipment  Completed and signed Grant Agreement section 1 and 2  Application for Electronic Payment and VOID Cheque  Third Party letter (when applicable)  ***Additional information that may be requested:***  Letters of support from the community  Letter of support from the municipality when applicable  Copy of a lease agreement and/or user agreement (when applicable)  Current bank statement(s) |

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| **Community Facility Enhancement Program Small Funding Stream**  **Grant Agreement Section 1 of 2** | |
| ***Incorporated (Legal) Name of Organization (“Organization”):*** | |
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| The Organization declares that:   1. The information contained in this application and supporting documents (“Application”) is true and accurate and endorsed by the Organization. 2. The required financial statement(s) for the applicable fiscal period(s) are true copies and have been attached to and form part of the Application.   The Organization understands and agrees that should this Application be approved, any grant funding awarded is subject to the Organization complying with the terms and conditions of this Agreement.  The Organization agrees to the following terms and conditions:   1. The program Guidelines (“Guidelines”) and Application form part of this Agreement and the Organization agrees to be bound by the requirements set out in them. 2. The Organization will use all grant funding awarded (“Grant”) for the stated purpose(s) (“Purpose”) within its Application. If the Organization wishes to vary the Purpose, it agrees to be bound by the requirements set out in the program Guidelines. 3. The Organization must comply with all applicable laws. The Organization agrees that it is and will be bound by the provisions of the Community Development Grants Regulation. 4. Following receipt of the Grant, the Organization agrees to be bound by the final report requirements set out in the Guidelines and in the Application Form. 5. This Agreement commences the date of the application and binds both parties upon deposit of the Grant until the date the Grant reporting has been approved by the ministry or the Grant has been repaid. 6. Any part of the Grant not spent as set out in the Guidelines or upon termination of this Agreement must be repaid to the Government of Alberta. The Grant may be terminated upon:    1. Mutual consent;    2. 30 days written notice by either party;    3. Demand by the ministry for immediate repayment in the event of a breach of any term or condition of the agreement; or    4. If the Organization becomes insolvent. 7. The Organization acknowledges that it will be liable for the full amount of the grant and will be bound to the terms of this Agreement, even if the Organization has paid all or part of the Grant to a third party who has spent the money. 8. The Organization agrees to give the ministry, and/or its authorized agents, access to examine the Organization’s operation and/or premises to verify the Grant has been used for the Purpose and will provide access to all financial statements and records having any connection with the Grant or the Purpose during the Term of this Agreement and for seven (7) years after the termination of this Agreement. 9. The Organization acknowledges that the *Freedom of Information and Protection of Privacy Act* (“FOIP Act”) applies to records submitted by the Organization to the ministry in relation to the grant application, including the Application and this Agreement. These records may be disclosed in response to an access to information request under the FOIP Act, subject to any applicable exceptions to disclosure under the Act. 10. The Organization agrees that any information relating to the Grant and the Organization’s compliance with the obligations set out in this Agreement may be disclosed to other ministries within the Government of Alberta. 11. The Organization agrees to indemnify and hold harmless the Government of Alberta, including the Minister, the Government of Alberta employees and agents from any and all claims, demands, actions and costs (including legal costs on a solicitor-client basis) for which the Organization is legally responsible, including those arising out of negligence or willful acts by the Organization or its employees or agents. Such indemnification shall survive the termination of this Agreement. 12. This Agreement shall be governed and interpreted in accordance with the laws enforced in the Province of Alberta. 13. This Agreement is not intended to and does not make either part the agent or partner of the other for any purpose or create a joint venture. 14. This Agreement may not be assigned by the Organization. 15. The Organization will recognize the source of the Grant as required by the Guidelines. 16. The Organization represents and warrants that the person signing is duly authorized to make the Application and is legally sufficient to bind the Organization to this Agreement. | |

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| **Community Facility Enhancement Program Small Funding Stream**  **Grant Agreement Section 2 of 2** | | |
| ***\*All boxes must be checked to proceed\****  I hereby acknowledge that:  The information contained in this application and the accompanying documents is true, accurate, and complete.    I am a representative with designated signing authority/decision-making authority in our Organization.    The Organization’s Board of Directors is in full support of this application.    I have read the Conflict of Interest section in the Guidelines (11.1 through 11.4) and I am not aware of any conflict of interest either perceived or apparent in applying for CFEP funding.    I have read the Community Facility Enhancement Program Small Funding Stream Grant Agreement Section 1 of 2 which outlines the terms and conditions of the grant agreement and by signing Community Facility Enhancement Program Small Funding Stream Grant Agreement Section 2 of 2, I am agreeing to all of the terms and conditions outlined in Section 1 of 2. | | |
| Mr. Mrs. Ms. Other: | | |
|  |  |  |
| *Signature of Authorized Representative* | *Date* | *Daytime Phone* |
|  |  |  |
| *Authorized Representative Name (printed)* | *Organization Position Title* | *Email* |
| The personal information that is provided on this application form will be used for the purpose of administering the applicable grant program and advising the applicant of Community Grants program updates and relevant ministry initiatives and resources. It is collected under the authority of section 33(c) of the FOIP Act and is protected by the privacy provisions of the FOIP Act. The FOIP Act applies to any information that is provided to Arts, Culture and Status of Women. This information may be disclosed in response to an access request under the FOIP Act, subject to any applicable exceptions to disclosure under the FOIP Act.  **Optional:**  I agree to allow, Arts, Culture and Status of Women, on occasion, to contact the applicant as identified on this application form to provide information about ministry initiatives or announcements related to the following topics:   * Grant program changes, funding announcements and opportunities to provide input/opinion on programs; and * Awareness of ministry resources available to the nonprofit sector including ministry sector events. | | |