



# Capital Grant Application

## Saddle Hills County

Applications for the grant will open on July 15, 2025 and close on October 15, 2025, to receive grants for the next calendar year.

Please note that all questions require any answer. Should you have any problems completing the form, or require further assistance, please call Corporate Services at (780) 864.3760 or email [finance@saddlehills.ab.ca](mailto:finance@saddlehills.ab.ca)

**Date (yyyy-mm-dd): \***

**Organization Name \***

**Mailing Address \***

**Postal Code \***

**Contact Name \***

**Title \***

**Telephone \***

**Registered Society or Charity Number (if applicable)**

**Has your organization previously received capital financial assistance from Saddle Hills County? \***

☐ Yes

☐ No

**What was the last year you received capital financial assistance from the County? \***

**What was the amount of money received from the County? \***

**Provide any additional information related to the last grant received \***

**Is your organization currently receiving financial assistance from other municipalities, levels of government, public entities, or any other sources? \***

☐ Yes

☐ No

**Please provide as much information as possible on other sources of funding \***

**Briefly outline your Organization’s Purpose and Mission \***

**Provide a brief description of the programs and services provided by your group \***

**Provide a description of the project for which you are requesting funding. Include a business plan justifying the need for the project \***

In the space below, upload your project budget, your financial statement for the most recent fiscal year (If this is not available at this time, it must be submitted as soon as possible, and prior to receiving any funding), and a minimum of 2 written quotes or estimates, including non-refundable and refundable GST estimates.

**Attach your supporting documents \***

**Please describe the facility for which the grant is being requested, and how it will be used. Describe how the project will benefit your community and the County. What differentiates this project from other services currently provided in the County? \***

**What are the goals and objectives of the facility? How will County Residents Benefit? How ill the success of the project be measured? \***

**Describe the membership of your organization. How many members and participants are there, and how many County residents are involved? \***

**Describe the level of volunteerism and fundraising efforts in your organization \***

**Discuss your long term plans to maintain operational costs after the completion of the proposed capital project \***

**Discuss your ability to complete the project successfully and within budget \***

**Provide any other information that you feel may assist County Council in determining the eligibility of this project for capital grant funding \***

**Discuss the implications of not receiving the grant funding, or of receiving less than the requested amount \***

**Provide a plan to secure contributions from other sources to support this program or project \***

**Please indicate the category of your grant funding application \***

- ☐ Feasibility Study      ☐ Design/Engineering      ☐ Renovations/Repairs      ☐ New Construction

**Please indicate the grant amount requested, listing GST separately, and showing the percentage of GST refundable \***

### **Obligations Upon Receiving Grant:**

Grant recipients will receive a letter outlining the approved grant amount, including specific items approved or denied. Organizations may only spend grant funds on the specific items approved. Recipients must submit an acknowledgement of compliance within the time identified in the contribution agreement to account for funds spent and to indicate the success in achieving project/programs goals and objectives through measures identified in the approved application. Failure to submit an acknowledgement of compliance, or delinquency in submission, may affect future grant application consideration. At any time, grant recipients must permit a representative of Saddle Hills County to examine books or records to determine if the grant funding has been used as intended and approved.

**Please sign in the box below \***

**Notice of Collection**

The personal information on this form is being collected for the purpose of determining eligibility for Capital Grants from Saddle Hills County and will be shared with Council and Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact [admin@saddlehills.ab.ca](mailto:admin@saddlehills.ab.ca) or call (780) 864-3760.

**Please send me a pdf copy of this form**

- ☐ Yes
- ☐ No

**Email address for copy of form \***