



General Grants to Organizations (GTO) Capital - 2026 Application

Process Schedule:

Application Opens: March 1, 2025
Application Deadline: May 1, 2025
Funding Notification: December 2025
Final Report Deadline: January 31, 2026

Funding Application Workshop by registration only:

grants@leduc.ca

March 5, 2025 12:00 - 1:00 pm

March 17, 2025 5:30 - 6:30 pm

Submit all Applications and Final Reporting electronically to:

grants@leduc.ca

Municipal Grants Policy

For questions or assistance, please contact a Community and Social Development representative via the contact information below

Office Hours: Monday – Friday, 8:30 a.m. – 4:30 p.m.
Main Reception: 780-980-7177
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	
2024 January – December financial statements including: <input type="checkbox"/> 2023 January to December comparison <input type="checkbox"/> Balance sheet <input type="checkbox"/> Income statement (Reviewed and signed by two board members, not the treasurer)	<input type="checkbox"/>
Price quote(s) on any non-operating capital expenditures per the city's Procurement Policy (if applicable)	<input type="checkbox"/>
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 2024)	<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. (PRC/FCSS)

*****Incomplete applications at time of deadline will NOT be processed*****

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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 31 st 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 agree that our board will be represented at one (1) City of Leduc approved board development workshop per year of grant funding;
8. ___	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;
9. ___	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

<p><u>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) STATEMENT</u></p> <p>This personal information is being collected under the authority of section 33(c) of the FOIP Act and will be used to administer General Grant Funding. The aggregate data will be used by Community Services for program planning, and evaluation. All information gathered by the City of Leduc is protected by the provisions of the Act. Questions regarding the collection of this personal information may be directed to the City Clerk at (780) 980-7177.</p>
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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

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SECTION C: CAPITAL

NOTE: SECTION C IS NOT APPLICABLE TO OPERATING REQUESTS

Please refer to the Operating Application for Operational Requests

Capital Expenditures (e.g. assets that add value to the organization, things that the organization will tangibly own and will keep, facility enhancement, equipment purchases).

In accordance with the principles outlined in the city's [Procurement Policy](#).

Please submit

- 3 quotes for all capital expenditures
- Project Summary including: timeline, stakeholders, public involvement, collaborators and impacts

Facility Enhancement: Are you the building or landowner? Yes No

If no, please attach Letter of Authorization

Project Overview

1. Project description (explain what your project is)

2. Project Type

- Facility renovation
- Facility construction
- Equipment purchase
- Assessment/Feasibility study
- Other

3. Project Location (Address or legal land description required)

Address _____

City _____

Postal Code _____

FUNDING REQUEST:

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4. Facility title holder:
(Please enter the name of the titleholder/owner for the facility or site. A letter of support from the titleholder/owner must be included if the titleholder/owner is not the applying Organization).

5. If the Organization does not own the facility or site, please provide the following information

Term of lease: Start date _____ End date _____
Option to Renew? Yes, _____ number of years No

6. Will the capital asset/equipment be owned and operated by your organization for a minimum of 5 years?

- Yes
- No

If no, please provide details _____

7. What is the anticipated Start date _____ End date _____

8. 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:

Section: Project Rationale

1. The City of Leduc's vision is: A great life. A caring community. A thriving region. Describe how your project meets these outcomes.

2. What need is there for the project that is not currently being filled in the community?

FUNDING REQUEST:

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3. What are the project constraints, risks or unknowns (for example, community support, permits, budget, schedule, etc.)?

4. What is the estimated number of people who will benefit from this project?

- Up to 100
- 101 – 500
- 501 – 1,000
- 1,001 – 5,000
- 5001- 10,000
- 10,000+

5. How did you calculate these numbers?

6. How does your organization plan to sustain this project in the future?

- Project is a one-time initiative
- Project will generate its own revenue
- Collaborative partnerships
- Operational funding assistance will be explored
- Secure funding for the project from other sources
- Other _____
- Not sure

7. If full funding is not approved, will your project remain viable?

- Yes
- No

8. What is your contingency (back up) plan if you receive partial funding (explain how you would reduce the scope or phase your project)?

FUNDING REQUEST:

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Section: Project Budget

	Total Cost	Funded by Other (including gift in kind)	Request Amount
Consultants			
Contractors			
Materials			
Equipment			
Labour			
Other (please specify)			
Other (please specify)			
Other (please specify)			

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SECTION D: OTHER CONSIDERATIONS

Have you **received any financial or in-kind support** from the City of Leduc, other than Grants to Organization, through the duration of this grant funding request (e.g. use of Co-op Field House, Public Services soil donation, etc.)?

Note: In-kind or non-cash donations can be goods, services or the labor of people assigned to assist a non-profit. **Please also list if you receive any additional in-kind services and or agreements** such as Snow removal, Subsidized lease, subsidized utilities, Facility/ ground maintenance, Payroll administration.

- Yes
- No

Explanation:

SECTION E: SUSTAINABILITY

If you **receive less funding than requested**, what impact will this have on your program/service/project?

How are you planning to become financially independent or sustainable? What additional sources of revenue and grants will your organization be seeking?

If your organization has a surplus at the end of the year, what are your plans associated with the surplus (i.e. Transfer to reserve (including detail/policy for reserve), carry forward for specific project/program, etc.)?

