



Incorporated

# R.M. of Frenchman Butte No. 501

<b>POLICY TITLE</b> <u>Recreation and Culture</u> <u>Community Capital Grant Policy</u>		<b>ADOPTED BY</b> RM Council Resolution No. 2018-05-09-055 <b>EFFECTIVE DATE</b> May 9, 2018	<b>POLICY NO.</b> 700-03
<b>ORIGIN/AUTHORITY</b> RM Council	<b>JURISDICTION</b> RM of Frenchman Butte No. 501	<b>Amended:</b> July 17, 2019 May 27, 2020 January 24, 2024 August 14, 2024	<b>Resolution No.</b> 2019-07-17-008 2020-05-27-020 2024-01-24-027 2024-08-14-034

**1. PURPOSE:**

To establish application and approval guidelines for Recreation and Culture Funding of Community Capital Projects

**2. DEFINITIONS:**

**2.1 Capital Projects:** Long-term investment projects requiring sums of money to acquire, develop, improve, and/or maintain that the general public has access to for the provision of leisure and/or community services including recreational and cultural.

**2.2 CAO:** Means Chief Administrative Officer.

**2.3 Council:** Means Council for the Rural Municipality of Frenchman Butte No. 501.

**3.0 SCOPE:**

Projects must be located within the municipalities of the RM of Frenchman Butte No. 501, Village of Paradise Hill or Town of St. Walburg.

**4.0 POLICY:**

It is the policy of the RM that:

**4.1** The Council shall review and approve funding allocation for Capital Projects annually.

**4.2** Applications will be received from May 1 to October 31. The Council shall review applications and approve according to this Policy until allocated budget has been used up.

**4.3** Funding is for 50% of the capital project costs to a maximum grant of \$5,000.00 per organization per year.

**4.4** Capital Funding grant may be used in conjunction with other funding received by organization providing costs have not been reimbursed by other grants and donations.

**4.5** Religious, Educational and Health buildings do not qualify for funding.

**4.6** Uniforms and minor equipment purchases such as baseball bats, balls, hockey pucks, etc do not qualify for funding.



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4.7 Operating costs do not qualify for funding.

4.8 GST is not an eligible expense.

**5.0 SPECIFIC REQUIREMENTS**

5.1 Capital Project must be completed in the year for which the application was made.

5.2 Project Application Form (Form A) must be submitted by October 31 for the year in which the capital expense is taking place.

5.3 Incomplete applications will be rejected.

5.4 Only one application per organization and/or capital project per year will be accepted.

5.5 **Capital Payment Claim Form (Form B) and supporting documentation must be received on or before December 31 for the year in which the capital project was completed. Any late submissions of claim forms and supporting documents will not be accepted.**

5.6 A quorum of Council is required to approve applications.

5.7 The Council reserves the right to approve or reject in part or in whole any applications as they deem appropriate.

**6.0 RESPONSIBILITY/INTERPRETATION/REPEALING:**

All Appendices attached to this policy may be amended from time to time based on operational need.

This policy shall be administered and interpreted by the CAO; however, this policy cannot be amended without Council approval.

This policy replaces all resolutions that have been passed by the Council of the Rural Municipality of Frenchman Butte No. 501 with respect to the application of any and all parts of this policy and the terms and conditions contained herein.

This policy shall come into force and take effect on May 9, 2018 shall continue in full force and effect until repealed or replaced by subsequent resolution of Council.

*Handwritten initials: JMS and AK*



RM OF FRENCHMAN BUTTE NO. 501  
BOX 180  
PARADISE HILL, SK, S0M 2G0  
Phone: 306-344-2034, Fax: 306-344-4434, Email: rm501@sasktel.net

# Community Capital Program

## Grant Application Form

Please complete this form in full. Include any additional information, documents, articles, or other items that will help Council get a good idea of your project. If you require more space, you can include other pages. **Funding is available for 50% of your project cost to a maximum of \$5,000.00, excluding GST.** Projects must be located within the R.M. of Frenchman Butte No. 501, Village of Paradise Hill or the Town of St. Walburg. Applications will be reviewed on an ongoing basis.

Date of Funding Request: \_\_\_\_\_

### ORGANIZATION

Name of Organization: \_\_\_\_\_

Years in Existence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### FACILITY

Name of Facility for Proposed Project: \_\_\_\_\_

Street Address: \_\_\_\_\_

Registered Holder of Land Title: \_\_\_\_\_

*Handwritten signature/initials*

**EQUIPMENT**

Item to be purchased: \_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION**

Project Description (Summary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFITS OF THE PROJECT**

1) How will this project benefit your organization? Why is the project required?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Describe the benefits for the general community. How is this project inclusive?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*AK* *AK*

**ADDITIONAL INFORMATION (if applicable)**

1. Describe past successfully implemented projects.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is this a New [ ] or Existing project [ ]?

**PROJECT BUDGETED COSTS – itemized expenses:**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PROJECT COSTS:** \$ \_\_\_\_\_ (a)

**PROJECT FUNDING SUMMARY:**

Other Grants: \$ \_\_\_\_\_

**TOTAL PROJECT FUNDING:** \$ \_\_\_\_\_ (b)

Net Project Cost (a) – (b) \$ \_\_\_\_\_ (c)

Amount being requested from Community Capital  
50% of Line (c) Net Project Cost to a  
Maximum \$5,000.00

\$ \_\_\_\_\_

*fill all*

**Checklist of Required Supporting Documentation Attached with Application:**

Required Documentation	Attached ✓
<b><i>Organizational Information:</i></b>	
Previous Year Financial Statement	
<b><i>Project Information:</i></b>	
Project Budgeted Costs	
Project Description Details	
Detailed List of Project Funding	

**I DECLARE THAT:**

- **I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION.**
- The information contained in this application and supporting documents is true and accurate and endorsed by the applicant.
- The general public shall have access to this facility for the provision of leisure and/or community services, including recreational and cultural services.
- Any grant awarded shall be used solely for the purposes stated within this application and according to program parameters.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the R.M. of Frenchman Butte No. 501 Administrator or their designated representative.

The personal information collected on this form is in accordance with section 26 of *Saskatchewan's Freedom of Information and Protection of Privacy Act* (the Act). It will be used for the purposes of determining eligibility for the Community Capital Project Grants. The information will be disclosed in accordance with section 29 of the Act which may include public disclosure. If you have any questions in regards to the collection, use or disclosure of this information please contact R.M. Administrator at 306-344-2034.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Phone: \_\_\_\_\_

Date Received at the R.M. of Frenchman Butte No. 501 Office: \_\_\_\_\_

Receiver Initials: \_\_\_\_\_



RM OF FRENCHMAN BUTTE NO. 501  
BOX 180  
PARADISE HILL, SK, S0M 2G0  
Phone: 306-344-2034, Fax: 306-344-4434, Email: rm501@sasktel.net

## Community Capital Program Payment Request Form

Please complete this form in full.

Funding is for 50% of your net project cost to a maximum of \$5000.00, excluding GST.

**PAYMENT CLAIM FORM AND ALL ATTACHMENTS MUST BE RECEIVED ON OR BEFORE DECEMBER 31 FOR YEAR IN WHICH EVENT TOOK PLACE**

### ORGANIZATION

Name of Organization: \_\_\_\_\_

Years in Existence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CLAIM FORM MUST BE ACCOMPANIED BY ALL RECEIPTS, INVOICES and CANCELLED CHEQUES**

Payment will be issued to organization unless otherwise stated:  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PROJECT COSTS – itemized expenses (DO NOT INCLUDE GST):**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL PROJECT COSTS:** \$ \_\_\_\_\_ (a)

**PROJECT FUNDING SUMMARY:**

Other Grants: \$ \_\_\_\_\_  
**TOTAL PROJECT FUNDING:** \$ \_\_\_\_\_ (b)

Net Project Cost (a) – (b) \$ \_\_\_\_\_ (c)

Amount being requested from Community Capital  
 50% of Line (c) Net Project Cost to a  
 Maximum \$5,000.00 \$ \_\_\_\_\_

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Claim is Complete and all supporting documentation is attached.

Date Received at the R.M. of Frenchman Butte No. 501 Office: \_\_\_\_\_

Receiver Initials: \_\_\_\_\_

Application Approved Resolution # \_\_\_\_\_