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#### **City of Spruce Grove**

#### **Civic Grant Program – Community Grant**

#### **Grant Application**

# Application for Funding

|  |  |  |
| --- | --- | --- |
| Application Date: | Click or tap to enter a date | |
| Applicant Organization Name: | Click or tap here to enter text | |
| Grant Status: |  | **New Grant Applicant:** Your organization has never received funding from this grant program.  **Previous Grant Recipient:** Your organization received funding from this grant program in the past but is not currently receiving funds.  **Current Grant Recipient:** Your organization is currently receiving funding from this grant program. |

# Instructions for Completing Application

The Community Grant application consists of two parts:

* Grant Application
* Budget Template

Before starting, review the [Civic Grant Program Policy](https://www.sprucegrove.org/media/7774/civic-grant-program-policy.pdf) and *Grant Information and Guide* in its entirety.

Complete all sections of this application.

Each section includes a maximum word count. Please ensure your responses stay within the limits to streamline the review process.

If you have any questions, please review the [FAQ section](https://www.sprucegrove.org/community/community-group-resources/grants/community-grants/) on the website, or contact:

City of Spruce Grove

Email: [civicgrants@sprucegrove.org](mailto:civicgrants@sprucegrove.org)

Phone: 780-962-7618 (press 5)

This information is being collected under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer the Community Grant. The personal information provided will be protected in accordance with section 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-962-2611.

# Section A: Organization Eligibility

|  |  |
| --- | --- |
|  | Your organization is a non-profit and/or charity organization registered for a minimum of one year. |
|  | Your organization is in good standing with its governing body, has submitted the most recent annual return on time, and has met all compliance requirements. |
|  | Your organization based in Spruce Grove and/or serves residents of Spruce Grove. |
|  | Your organization has submitted all required reporting for any previous City of Spruce Grove funding received. |

## All applications must include:

|  |  |
| --- | --- |
|  | Application |
|  | Budget Template |
|  | Most recent year’s annual return |
|  | Most recent fiscal year-end audited financial statements |
|  | Copy of your certificate of incorporation |
|  | Copy of your certificate of insurance |
|  | List of Board of Directors |
|  | Direct Deposit Form (if not already set up with the City) |

# Section B: Organization Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Incorporated (Legal) Name of Organization:** | | | | |
| Click to enter text | | | | |
| 1. **Operating Name (how the organization is commonly known in the community):** | | | | |
| Click to enter text | | | | |
| 1. **Act the Organization is Registered Under:** | | | | |
| Click to enter text | | | | |
| Registration Number: Enter number | | | Registration Date: Click to enter a date | |
| 1. **Organization’s Primary Address:** | | | | |
| Enter street address here | | | | |
| City: Click to enter text | | Province: Province | | Postal Code: A1A 1A1 |
| 1. **Organization’s Mailing Address:** | | | | |
|  | Same as above, or: | | | |
| Click to enter text | | | | |
| City: Click to enter text | | Province:Province | | Postal Code:Enter text |
| 1. **Legal Authorized Signing Authority Contact (must be a board member):** | | | | |
| Name:Click to enter text | | Position: Click to enter text | | |
| Daytime Phone:Click to enter text | | Email:Click to enter text | | |
| 1. **Primary Application Contact:** | | | | |
| Name:Click to enter text | | Position:Click to enter text | | |
| Daytime Phone:Click to enter text | | Email:Click to enter text | | |
| 1. **Briefly describe your organization’s mission and vision (Max: 100 words):** | | | | |
| Click to enter text | | | | |
| 1. **Provide a summary of your organization’s projects/services/activities (Max: 150 words):** | | | | |
| Click to enter text | | | | |
| 1. **Please tell us about any progress, achievements, or milestones from the past year (Max: 200 words):** | | | | |
| Click to enter text | | | | |

# Section C: Project or Service Overview

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Project or Service Title:** | | | | | | |
| Click to enter text | | | | | | |
| 1. **Provide a brief description of the project or service (Max: 100 words):** | | | | | | |
| Click to enter text | | | | | | |
| 1. **Project or service primary focus (check one):** | | | | | | |
|  | Arts, Culture, and Heritage |  | Economic |  | Environmental |
|  | Multicultural |  | Social |  | Sport and Recreation |
| 1. **Total Requested Funding:** | | | | | | |
| Click to enter text | | | | | | |
| 1. **Funding Term Requested (New recipients are eligible for up to one year of funding only):** | | | | | | |
|  | Short-Term (under one year) |  | One Year |  | Multi-Year | |
| 1. **Project Type:** | | | | | | |
|  | New: A new project or service | | | | | |
|  | Continuation: An existing project or service with no changes or expansion | | | | | |
|  | Expansion: An established project or service that is being expanded in scope or scale | | | | | |
| 1. **Is this project or service currently being funded by the City of Spruce Grove’s Community Grant?** | | | | | | |
|  | Yes | | | | | |
|  | No | | | | | |
| 1. **Estimated number of Spruce Grove residents who will benefit from this project or service:** | | | | | | |
|  | Up to 100 |  | 501-1,000 |  | 5,001-10,000 | |
|  | 101-500 |  | 1,001-5,000 |  | 10,000+ | |
| 1. **Project or service start and completion dates:** | | | | | | |
| Start Date:Click to enter a date | | | Completion Date:Click to enter a date | | | |
| 1. **Would your organization like to present its proposed project or service to the Community Services Advisory Committee? Presenting is optional and allows your organization to provide additional context and respond to committee questions. If you choose not to present, it will not impact the evaluation of your application.** | | | | | | |
|  | Yes | | | | | |
|  | No | | | | | |

# Section D: Project or Service Details

|  |  |
| --- | --- |
| 1. **Please indicate which goal(s) best describe your project or service:** | |
|  | Foster artistic expression, preserve cultural traditions, and celebrate heritage. |
|  | Support local businesses, create job opportunities, or improve financial literacy. |
|  | Protect nature, promote sustainability, or raise environmental awareness. |
|  | Celebrate diversity, foster inclusion, or build understanding between different cultures. |
|  | Strengthen community well-being, support vulnerable populations, or build connections. |
|  | Encourage physical activity, healthy living, or provide sport/recreational opportunities. |
|  | Other (please describe): |
| 1. **For the goal(s) you selected above, describe in detail the specific steps or actions your organization will take to achieve them. Be specific by outlining:**    1. **What activities you will undertake**    2. **Who will be responsible for carrying out these actions**    3. **How resources will be used (e.g., funding, volunteers, materials)**    4. **Any timelines or milestones**   **(Max: 1000 words)** | |
| Click to enter text | |
| 1. **Who will benefit from this project or service, and in what ways? Please explain the positive changes or value your project will bring to the community or specific groups, such as increased access to resources, improved well-being, or enhanced opportunities. (Max: 500 words)** | |
| Click to enter text | |
| 1. **What specific results or outcomes do you aim to achieve with this project or service? Describe how you will evaluate its success, such as tracking attendance, collecting participant feedback, or using surveys or other tools to measure impact. (Max: 500 words)** | |
| Click to enter text | |
| 1. **How does this project or service promote inclusion and ensure accessibility? Please describe how it considers diverse perspectives, removes potential barriers (e.g., cultural, physical, or language-related), and ensures that its benefits are accessible to a wide range of people or groups, even if it does not directly involve participants. (Max: 500 words)** | |
| Click to enter text | |
| 1. **How did your organization identify the need for this project or service? (e.g., based on feedback from residents, input from local organizations, results from surveys or focus groups) (Max: 300 words)** | |
| Click to enter text | |
| 1. **Are there similar projects or services currently being offered in Spruce Grove?** | |
|  | Yes |
|  | No |
| **If yes,** how does your project or service complement, enhance, or differ from the existing project or service, and how will it address any unmet needs or gaps in the community? (Max: 150 words)  Click to enter text | |
| 1. **What research or consultation helped shape this project or service? (e.g., reviewing similar project or services, speaking with others who have implemented similar projects) (Max: 300 words)** | |
| Click to enter text | |
| 1. **How will your organization communicate and/or market this project or service to the community? (Max: 300 words)** | |
| Click to enter text | |
| 1. **Does the proposed project or service involve partnerships with other community groups?** | |
|  | Yes |
|  | No |
| **If yes,** name the community groups involved and briefly describe their role and responsibilities in this project or service. (Max: 300 words)  Click to enter text | |
| 1. **If your project or service does not receive full funding, what specific aspects of the project would be scaled back, modified, or cut? Please explain how reduced funding would impact the overall goals and expected results or outcomes of your project or service. (Max: 300 words)** | |
| Click to enter text | |
| 1. **Briefly explain why this funding is essential for the project or service’s success. (Max: 150 words)** | |
| Click to enter text | |

# Section E: Organizational Capacity

|  |  |
| --- | --- |
| 1. **What resources (staff, volunteers, expertise, equipment, etc.) does your organization currently have in place to support this project or service? (Max: 300 words)** | |
| Click to enter text | |
| 1. **What experience does your organization have managing similar projects or services, and what were the outcomes? If this is a new area for your organization, how are you ensuring the necessary knowledge and skills to implement this project or service successfully? (Max: 500 words)** | |
| Click to enter text | |
| 1. **Does your organization have any of the following in place? (check all that apply) The following items are not mandatory but may help strengthen your application.** | |
|  | Organization Bylaws |
|  | Strategic Plan |
|  | Board Governance Policies (e.g., roles and responsibilities, code of conduct, conflict of interest) |
|  | Operational Policies (e.g., diversity, equity, and inclusion; human resources; financial oversight) |
| 1. **Is your organization operating at a deficit?** | |
|  | Yes |
|  | No |
| **If yes,** what strategies or plans does your organization have in place to address the current deficit and ensure financial sustainability moving forward? (Max: 200 words)  Click to enter text | |

# Section F: Spruce Grove Strategic Plan

|  |  |
| --- | --- |
| 1. **Support for City of Spruce Grove Goals**   The City’s Civic Grant Program supports project or services that contribute to the goals and priorities outlined in Council’s [2022-2025 Strategic Plan](https://www.sprucegrove.org/government/reports-plans/strategic-plan/). Below are the key themes and summarized goals identified in the plan.  **Which of the following themes and goals does your proposed project or service align with? (select all that apply)** | |
|  | Supporting an inclusive approach to community development that values diversity and community knowledge. |
|  | Reducing barriers, improving access, and increasing participation in City facilities, programs, and services. |
|  | Designing parks and recreation facilities to provide multiple benefits and accommodate diverse people and activities. |
|  | Leveraging cultural resources through collaboration, creativity, and innovation to enhance quality of life. |
|  | Promoting urban agriculture to create more opportunities for residents to interact with the environment. |
|  | Contributing to safe, livable, and sustainable neighborhoods that enhance quality of life. |
|  | Reducing the City’s environmental impact through targeted investment in strategies, programs, systems, and infrastructure. |
|  | Reducing the City’s environmental impact through targeted investment in strategies, programs, systems, and infrastructure. |
|  | Increasing resilience to the effects of climate change for residents and infrastructure. |
|  | Sustaining the environment and enhancing natural areas through proactive policies, strategies, and practices. |
|  | Encouraging business attraction, investment, and retention to create local employment opportunities and attract new talent. |
|  | Supporting the City Centre as a vibrant hub for culture, commerce, and civic life. |
| 1. **Please provide specific examples of how your project or service supports these priorities. (Max: 200 words)** | |
| Click to enter text | |

# Section G: Budget And Financial

|  |  |
| --- | --- |
| 1. **City of Spruce Grove Funding**   Not including this grant - has your organization applied for, or is it currently receiving, any other funding from the City of Spruce Grove? | |
|  | Yes |
|  | No |
| **If yes,** provide details:  Click to enter text | |
| 1. **Budget Template**   Use the Excel worksheet to provide a detailed budget for the proposed project or service. Include all confirmed and pending funding sources, anticipated project expenses, listing costs by category (e.g., personnel, materials, training). Additionally, list all other confirmed funding sources and in-kind support. | |
| 1. **Pending Additional Funding Sources**   Provide information on any pending funding sources, including the source of the funds, the expected notification date, and your alternate plan if these funds are not secured: | |
| Click to enter text | |

|  |
| --- |
| **Please ensure you sign the declaration on the last page** |

# Section H: Declaration and Authorization

|  |  |  |
| --- | --- | --- |
| **I, the undersigned, hereby declare that:** | | |
|  | The information provided in this application is accurate, complete, and truthful to the best of my knowledge. | |
|  | A detailed budget is included, along with all required supporting documentation. | |
|  | I am authorized to submit this application on behalf of the organization named within. | |
|  | I understand that late applications will not be accepted. | |
|  | I understand that, if awarded, the organization will enter into an agreement outlining specific terms for fund use, reporting, and compliance with grant requirements. | |
|  | The organization consents to any follow-up communications or evaluations conducted by the City if necessary. | |
| **Signature of Authorized Representative:** | | **Date:** |
| Click to enter text | | Click to enter a date |
| **Authorized Representative Name (printed):** | | **Organization Role:** |
| Click to enter text | | Click to enter text |
| **Phone:** | | **Email:** |
| Click to enter text | | Click to enter text |