

Association Name:

Please Note: Grant Recipients will have 18 months from the date of signing the funding agreement to complete the project. If you require additional time to complete your project, an Extension Request must be made in writing to the FCSS Department.

Please complete the following sections for EACH Project applying for funding:

- 1. Project Information Define your project and estimated timeline.
- 2. Grant Priorities Define how your project aligns with the identified grant priorities.
- 3. Detailed Project Budget Define all anticipated funding and costs related to the project.
- 4. Project Quotes Attach a minimum of 2 project quotes to your application submission.

PROJECT INFORMATION

Project Name:	
Expected Start Date:	Expected Completion Date:
Project Description:	



Asso	ciation Name:	Project Name:
GR	ANT PRIORITIES	
Plea	se select and describe the Grant Priorities	supported by your project.
	Fire, safety, and health: projects that are r	equired to conform to fire and safety codes.
	Preventive Maintenance: projects that are	necessary to prevent a facility's infrastructure from
	deteriorating.	
ш	Asset Management Improvements: project	cts that are part of a facility asset management plan.
	Demonstrian / Images and a second a second at the state of	
ш	aging or heavy use or add a facility or ameni	restore a facility to its previous conditions due to ty where one did not previously exist which are not
	included in an asset management plan.	



Association Name:	Project Name:
ASSOCIATION Name:	Project Name:

DETAILED PROJECT BUDGET

PROJECT FUNDING DETAILS					
A - Total Sturgeon County Community Capital Grant Requested Total A					
B - Other Sources of Funding					
List all additional sources of funding related to the project. (i.e. Federal, Provincial, Municipal Grants, fundraising, donations, fees, etc.)	Confirmed Amount	Pending Amount	Total Amount		
		Total B			
PROJECT COST DETAILS List detailed descriptions of all expenses for the project.					
C - Estimated Operating Costs	ting Costs Quote Source				
		Total C			



Association Name:	Project Name:			
D - Anticipated Volunteer Labour / Equipment	No. of Volunteers	Total Hours	Rate/ Hour	Total Value
Unskilled Labour				
Skilled Labour				
Heavy Equipment				
			Total D	
E - Anticipated Donated Material and Services	Do	nated By		Total Value*
*All donated materials and/or service must be valued at Fair	Market Value.		Total E	



Association Name:

Project Name:

PROJECT DETAILED BUDGET	Amount
A - Total Sturgeon County Community Capital Grant Requested*	
B - Total Other Sources of Funding	
D - Anticipated Volunteer Labour / Equipment	
E - Anticipated Donated Material and Services	
Total Project Funding & in-Kind (A+B+D+E)	
C - Total Estimated Project Costs	
D - Anticipated Volunteer Labour / Equipment	
E - Anticipated Donated Material and Services	
Total Volunteer In-Kind Support (D+E)	
Total Project Costs (C+D+E)	
**PROJECT NET COST (A+B+D+E-C-D-E)	

Grant Amount Requested cannot exceed 75% of the total project cost.

*Grant Amount Requested cannot exceed 75% of the total project cost.

**Eligible project must have a net cost of \$0.