


 COUNTY OF
TWO HILLS

RECREATIONAL AND CULTURAL ASSISTANCE PROGRAM
Operating Assistance Grant Application
(Community Recreation Facility Operators)

PURPOSE:	The purpose of this grant is to provide financial assistance to Community Recreation Facility Operators for facility operations.
DEFINITION:	Community Recreation Facility is defined as a Facility which is open to the public all year or seasonal.
EXEMPTIONS:	Senior's Halls that do not provide recreation facilities to the general public.
PROCESS:	<p>Applications are due on or prior to November 30, 2019 and will be reviewed at the December Council Meeting. Late applications will not be accepted. Applications are to be submitted by mail, fax or email.</p> <p><i>By Mail to:</i> County of Two Hills Office Box 490, Two Hills, Alberta T0B 4K0</p> <p><i>By Fax to:</i> 1-780-657-3504</p> <p><i>By Email to:</i> kkenney@thcounty.ab.ca</p>
CRITERIA:	Written applications must include a justification by actual cost (invoices to be submitted upon request). Applications must include a 2018 Financial Statement.
QUALIFYING EXPENSES:	<p>Support Costs: Operations costs such as Utilities, insurance costs, fuel, etc.</p> <p>Maintenance: Minor maintenance costs include paint, lightbulbs as well as life cycle maintenance costs such as and not excluding roof repairs, heating, ventilation and window repair.</p> <p>Preference will be given to maintenance costs for improving energy efficiencies such as furnace, light fixtures and insulation.</p>

The personal information requested on this form is being collected for municipal purposes relating to a grant application, under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act. If you have questions about the collection, contact our FIOP Coordinator at (780) 657-3358.

COUNTY OF TWO HILLS

2019 RECREATION FUND APPLICATION TO THE COUNTY OF TWO HILLS

LOCATION OF RECREATION FACILITY (Please Check One)

<input type="checkbox"/> County of Two Hills	<input type="checkbox"/> Town of Two Hills	<input type="checkbox"/> Village of Myrnam
<input type="checkbox"/> Hamlet of Derwent	<input type="checkbox"/> Hamlet of Willingdon	<input type="checkbox"/> Other:

ORGANIZATION INFORMATION

Organization Name:			
Mailing Address:			
Contact Name:		Title:	
Telephone:	Business: ()	Home: ()	
Application for:	<input type="checkbox"/> Support Costs	<input type="checkbox"/> Maintenance	
Grant Amount Requested: \$			

FINANCIAL ESTIMATES

REVENUES:	2018		
Detailed Description:			Amount(s):
Total Revenue:			\$

EXPENDITURES:	2018
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Detailed Description:	Amount(s):
Total Expenditures:	\$

Projected Surplus or Deficit:	\$
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2018 Financial Statement, attached.

We have the undersigned representative(s) certify that this application is complete and accurate.

Name:		Title:	
Signature:		Date:	

Name:		Title:	
Signature:		Date:	

To be completed by County of Two Hills Administration:

Date of Application Received:	<input type="checkbox"/>	Application Complete
	<input type="checkbox"/>	Application meets Policy ADM-REC-1 Criteria
		Notes: