

SPECIAL CAPITAL PROJECT GRANT APPLICATION

ORGANIZATION LEGAL NAME:

Buffalo Coulee Community Hall

MAILING ADDRESS: (all correspondence and cheques will be mailed to this address)

ADDRESS: RR2 Stn Main

TOWN: Vermilion

POSTAL CODE: T9X 1Y7

If Applicable: Website <https://www.facebook.com/159693198003227>

Check if you use social media to promote your facility/organization: ☒ Facebook ☐ Twitter

CONTACT INFORMATION:

	President/Chair	Secretary	Treasurer
Name:	Cary Eyben	Denise Rogan	
Phone:	SEVERED		
Fax:			
Email:	SEVERED		

INCORPORATION ACT REGISTERED UNDER:

Alberta Societies Act

INCORPORATION NUMBER:

862988060

DATE OF INCORPORATION:

1974-07-17

FACILITY NAME:

Buffalo Coulee Community Club

LEGAL DESCRIPTION/PHYSICAL ADDRESS:

SW 15-48-07 W4

REGISTERED HOLDER OF LAND TITLE:

Buffalo Coulee Community Club

Is your facility receiving any financial assistance from other agencies, levels of government or other sources (rental fees, admissions, memberships, donations, sponsorships, fundraising etc.)?

YES ☒ NO ☐

If yes, please explain/list other funding sources:

Alberta Community Facility Enhancement Program (Large).

FUNDING REQUEST

AMOUNT OF FUNDING REQUESTED \$
Describe what the Special Capital funds will be utilized for. Identify if your project is to address any Safety or Building code issues. Please add any design concepts or other details to describe/showcase your project.
Provide an overview of the impact your facility has on your community.

FACILITY USAGE – PRIOR YEAR

	# of DAYS	# of USERS
Total Usage for Facility (# of days the facility is occupied/used each year and # of users attending those days of use)		
Used by Applicant Organization		
Used by Other Organizations		
Used for Private Functions (i.e. rentals, etc.)		
FACILITY FOCUS – What area's do the programming and facility focus on?		
<input type="checkbox"/> Seniors <input type="checkbox"/> Youth <input type="checkbox"/> Education <input type="checkbox"/> Healthy & Active Living <input type="checkbox"/> Community Enhancement		

FINANCIAL OVERVIEW OF PROJECT

REVENUE:	
Fundraising	\$30,000.00
Donations/Bequests/Sponsorships	\$
Grants:	
Municipal	\$
Provincial	\$
Other: (i.e. Provincial Associations, etc.)	\$
Other: BASF Contest/Donations	\$21,500.00
TOTAL REVENUE	\$51,500.00
CAPITAL EXPENSES:	
Building Construction	\$
Building Renovation	\$112,000.00
Landscaping	\$
Major Equipment Maintenance	\$
Major Equipment Purchase	\$
Other	\$
	\$
TOTAL EXPENSES	\$112,000.00
PROJECTED SURPLUS (DEFICIT)	
	\$60,500.00

Please attach any comprehensive Project Plans, Feasibility Studies or other details to support your Special Capital Project Application.

Have you done any feasibility studies related to the Capital Project? Have you consulted with your community on determining a need for this Capital Project?

No study has been completed as the project involves a leaking roof. We just remodelled the roof (corrugated tin) last year so it is a new roof. We do not want damages to the roof due to the leak. Repairing it is critical and required immediately.

Will you be partnering with any community groups or existing facilities? If yes, what will your partnership look like?

No.

OBLIGATION OF GRANT RECIPIENTS

Grant funding recipients will receive notification outlining the approved grant amount, including specific items approved or denied. Organizations may only spend grant funds on the specific items approved. Recipients must submit a **Project Report** to verify that the funds were spent in the manner intended and approved prior to the next recreation grant funding cycle. Failure to submit a report, or delinquency in submission, may affect future grant application consideration. At any time, grant recipients must permit a representative of the County of Vermilion River to examine financial reports and supporting documents to determine whether the grant funding has been spent as intended and approved. Grant recipients will be required to recognize funding received from the County of Vermilion River in some manner. Indicate below, what that recognition will look like.

FUNDER RECOGNITION PLAN: (must check at least one)

- ☐ On-site Signage (in consult with County)
 ☐ County Logo/Name in Agency Newsletter
☒ County Logo/Name in Advertising
 ☒ County Logo/Name recognized at a public event
☒ County Logo/Name recognized on Agency Social Media
☐ Other:

Please note: By accepting receipt of this grant, organizations are obligated to complete the County of Vermilion River Community Enhancement & Recreation Grant Accounting Report and show proof of completed funding recognition as indicated above.

DECLARATION STATEMENT

WE, THE UNDERSIGNED, HEREBY CERTIFY THAT THIS APPLICATION CONTAINS A FULL AND ACCURATE ACCOUNT OF ALL MATTERS STATED WITHIN. FURTHERMORE, WE UNDERSTAND FULLY OUR OBLIGATION TO SUBMIT THE GRANT ACCOUNTING REPORT AND ANY REQUESTED FINANCIAL INFORMATION.

Name: (please print) Denise Rogan	Title: Secretary/Treasurer
Signature: SEVERED	Date: 2025-JUL-04
Name: (please print) Cary Eyben	Title: President
Signature: SEVERED	Date: 2025-JUL-04

Note: requires two (2) authorized representatives from the applying agency to sign the application.

The personal information on this form is being collected for the purpose of determining the eligibility of an applicant to receive recreation funding. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and may become public information once it is submitted to the District Recreation Advisory Board and/or municipal Council and may be published in a Council meeting agenda. Questions regarding the collection of this information can be directed to the FOIP Coordinator at the County of Vermilion River office.