

COMMUNITY SERVICES

Amutla Vijay
Treasurer & Accountant
Lakeland Multicultural Association
3406-901 16 Street
Cold Lake AB T9M 0C3

May 25, 2020

Dear Ms. Vijay,

Re: Community Capital Project Grant Application(s) dated April 27, 2020

The Recreation and Culture Advisory Committee (RCAC) met on May 25, 2020 to review your applications: Community Difference Makers and The Melting Pot. Unfortunately your request has been declined. The criteria outlined in **Policy 202-AD-16 Item 4.3** has not been met, the project must be for at least one of the following:

- 4.3.1 Construct a new facility;
- 4.3.2 Expand a facility beyond its' existing footprint;
- 4.3.3 Retrofit an existing facility for a new use of purpose;
- 4.3.4 Renovate an existing facility to remodel or restore the space;
- 4.3.5 Upgrade the facility's mechanical, security or other technology;
- 4.3.6 Replace or provide additional major equipment.

The RCAC Board would like to apprise you of the other possible grant opportunities that may be viable to your organization such as the Special Event Grants. We wish you and the Lakeland Multicultural Association the best of success.

Sincerely,

Heather Miller
Chris Holoboff
RCAC Chairperson

Cc: City of Cold Lake Council

/twp

Civic Address
#102, 7825 – 51 Streets
Cold Lake, AB
Telephone (780) 639-6400
Fax (780) 639-0250



Mailing Address
5513 – 48 Avenue
Cold Lake, AB T9M 1A1
www.coldlake.com

DEFEATED

Community Capital Project Grant

Project: <u>provide live FaceBook Feed or pre-recorded Video: Cooking</u>	
Total Project Cost: <u>\$1725</u>	1/3 or less requested: <u>\$425</u>
The project must not have commenced prior to the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project must not be in receipt of other sources from the City of Cold Lake	Anticipated start date: <input type="checkbox"/> Yes <input type="checkbox"/> No
Organization must not have received the Community Capital Project Grant funding within the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Match Funding Requirement- has the organization demonstrated that 2/3 of project will be paid for by the community through: In-kind labor, services, equipment, or monetary donations	Year: <input type="checkbox"/> Yes <input type="checkbox"/> No
Community Organization Criteria	
1. Registered non-profit or registered charitable organization	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Primary mandate of the organization must be to provide, within the City of Cold Lake	<input type="checkbox"/> sports <input type="checkbox"/> recreation <input type="checkbox"/> arts <input type="checkbox"/> culture <input type="checkbox"/> social services <input type="checkbox"/> community wellness
3. Have demonstrable sustainability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital Projects Criteria	
<p>Eligibility, must be at least one:</p> <ol style="list-style-type: none"> Construct a new facility <input type="checkbox"/> Expand a facility beyond its existing footprint <input type="checkbox"/> Retrofit an existing facility for a new use or purpose <input type="checkbox"/> Renovate an existing facility to remodel or restore the space <input type="checkbox"/> Upgrade the facility's mechanical, security or other technology <input type="checkbox"/> Replace or provide additional major equipment where the equipment supports a program or services which have a lifespan of five years or more <input type="checkbox"/> <p><u>* Does Not Meet Criteria</u></p>	<p>The facility or equipment must be used for at least one:</p> <input type="checkbox"/> sports and recreation <input type="checkbox"/> arts and culture <input type="checkbox"/> parks <input type="checkbox"/> social services <input type="checkbox"/> community wellness <input type="checkbox"/> other: _____ <p>The project creates a new or enhanced service within the City of Cold Lake, which is:</p> <input type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members <input type="checkbox"/> sustainable for the facility <input type="checkbox"/> involve a strong volunteer base supporting the facility project while sustaining ongoing operations <input type="checkbox"/> supported by the community

☐ Application complete

☐ Application INCOMPLETE

☐ Confirmation of match funding

☐ Letters of Support

☐ Land ownership proof, long-term lease & permission from owner to undertake the project

Ben and Chris

OPPOSED
5/5

letter: does not meet criteria



COMMUNITY CAPITAL PROJECT GRANT APPLICATION FORM

SECTION 1: APPLICANT INFORMATION

Name of the Organization:

Lakeland Multicultural Association

Mailing Address & Phone Number:

#3406 - 901 16 Street, Cold Lake AB T9M 0C3

RECEIVED
APR 27 2020

Has the organization received any Community Capital Project Grants in the past?

☒ No

☐ Yes, in what year(s): _____

Explain how the organization is sustainable:

☒ Registered on: _____ May 23, 2018

We have been incorporated for two years, during which through cautious spending and sponsorship support, we have been able to build a safety net for ourselves. We also host Diwali Night each year that is our primary fundraiser event during which we raise substantial capital for our free events and other initiatives. We also do not have any paid employees, very low operating costs and no physical space costs

Community Organization Eligibility Criteria:

Location where the organization is based out of:

☒ City of Cold Lake

☐ Other: _____

Organization must be either a registered:

☒ not-for-profit (No: 5021253819)

☐ charitable organization (No: _____)

Organization's primary mandate must be to provide at least one of the following within the City of Cold Lake: (check all that apply):

☐ sports

☐ recreation

☐ arts

☒ culture

☐ social services

☐ community wellness

SECTION 2: PROJECT DETAILS

The project is to: (check all that apply):

☐ construct a new facility

☐ expand a facility beyond its existing footprint

☐ retrofit an existing facility for a new use or purpose

☐ renovate an existing facility to remodel/restore the space

☐ upgrade the facility's mechanical, security or technology

☐ replace or provide additional major equipment where that equipment supports a program or services, which have a lifespan of 5 years or more

<p><i>The facility (or equipment) will be used for:</i> (check all that apply)</p> <p> <input type="checkbox"/> sports and recreation <input type="checkbox"/> arts and culture <input type="checkbox"/> social services <input type="checkbox"/> parks <input type="checkbox"/> community wellness <input type="checkbox"/> other _____ </p>	<p><i>The project creates a new or enhanced service within the City of Cold Lake, which is:</i> (check all that apply):</p> <p> <input checked="" type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members <input type="checkbox"/> sustainable for the facility <input type="checkbox"/> involves a strong volunteer base supporting the facility project while sustaining ongoing operations <input checked="" type="checkbox"/> supported by the Community </p>
<p><i>Describe the Project:</i></p> <p>The project is titled "The Melting Pot". The objective of the project is to provide a glimpse into the different cultures that make up the Lakeland community through food and spices. The event will be a week long event starting on June 21 and finishing on the Multiculturalism day on June 27. The event will be consisting of either live Facebook feed or pre-recorded video of local food enthusiasts cooking food from their culture. The chefs from the various restaurants, and local people of different ethnicity will be approached to cook their dishes to share with the people in the Lakeland through Facebook and Instagram.</p> <p>As part of the project, a recipe book will be printed containing all the recipes cooked through the project, and the book will be sold to raise funds for the local food bank and to cover LMA operational expenses through the year.</p>	
<p><i>Potential Impact the Project is expected to have on the community:</i> (You may wish to include: the demographics of the community who will be served by the project; the number of community members who may potentially benefit from the project; the level of community support for the project; the potential longevity of the project; how the project will benefit the community.)</p> <p>The project will get the community excited to learn a new dish, and try out food from a different culture. Also, the project will increase engagement of the local restaurants with the general public, which may lead to more choices for the local public. Finally, the project will improve the vibrancy of the community by giving people exposure to cultural experiences that are currently not available in the city.</p>	
<p><i>Is the project receiving funding from another City source?</i></p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, explain the source(s) and what year(s) funding was received: _____ _____ _____ </p>	<p><i>Anticipated project start date:</i> <u>June 21, 2020</u></p> <p><i>Expected project completion date:</i> <u>June 27, 2020</u></p> <p><i>Proposed location for the project:</i> City of Cold Lake</p>
<p><i>Indicate any innovative, unique, or additional factors that may be associated with this application:</i></p> <p>We intend to approach local restaurants for this initiative which increases exposure for them at a time when a boost to local businesses is much needed.</p>	

SECTION 3: PROJECT COSTS (MATCH FUNDING)

Total Project Costs:

\$ 1300.00 Committed community contribution
\$ 425.00 Grant request from City
\$ 1725.00 Total Project Cost

Sources of Community Contributions:

\$ 300 In-kind labour (unskilled)
\$ In-kind labour (skilled)
\$ In-kind services
\$ In-kind equipment/materials
\$ Monetary donations (excludes grants)
\$ Monetary grants (from non-City sources)

Is there any shortfall? (if yes, please explain):

Conditions of Funding:

- The grant request under this program must be one-third (1/3) or less of the total project cost.
- Applicant must be able to demonstrate that at least two-thirds (2/3) of the project costs will be paid for by the community through: in kind labour, services, equipment/materials which are directly related to the project, and/or monetary donations.
- Volunteer time must be directed related to the project for which funding is being requested. Please see the Community Capital Grant Policy for valuation of volunteer time and donations.
- Unskilled labour can only contribute to a maximum of one-third (1/3) of the "community contributions".
- Qualifying volunteer time must be directly related to the project(s) and may not include any other volunteer hours for fundraising, creating the grant application, time spent in meetings or activities related to planning the project or other planning activities of the organization.

SECTION 4: APPLICANT DECLARATION

I give my consent to the City of Cold Lake to collect, use, retain, disclose and dispose of the information contained within this application for the purpose of, but not limited to, operational and public media as may be deemed appropriate by the City of Cold Lake. I also certify that to the best of my knowledge the information provided in this application is accurate.

Applicant Signature: _____

Date: 27 Apr 2020

Please submit the completed application by email (city@coldlake.com), by mail, or in person at the address below, to the **Attention of the Community Capital Project Grant Program**.

- ☒ Completed application form
- ☒ Confirmation of match funding
- ☐ Letters of support from the community
- ☐ Proof that the application has either land ownership for the location of the project, a long-term lease and the confirmation from the owner for permission to undertake the project, or another form or confirmation of ownership/permission to undertake the project on the property

For Office Use Only

Date Received: _____

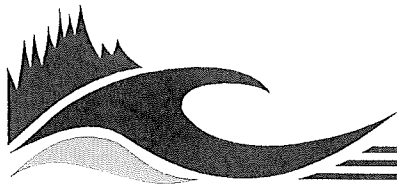
Decision Date: _____

Decision: Approved ☐ Rejected ☐

Staff Initial: _____

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.



COMMUNITY SERVICES

Amutla Vijay
Treasurer & Accountant
Lakeland Multicultural Association
3406-901 16 Street
Cold Lake AB T9M 0C3

May 25, 2020

Dear Ms. Vijay,

Re: Community Capital Project Grant Application(s) dated April 27, 2020

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- 4.3.1 Construct a new facility;
- 4.3.2 Expand a facility beyond its' existing footprint;
- 4.3.3 Retrofit an existing facility for a new use of purpose;
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- 4.3.5 Upgrade the facility's mechanical, security or other technology;
- 4.3.6 Replace or provide additional major equipment.

The RCAC Board would like to apprise you of the other possible grant opportunities that may be viable to your organization such as the Special Event Grants. We wish you and the Lakeland Multicultural Association the best of success.

Sincerely,

Heather Miller
Chris Holoboff
RCAC Chairperson

Cc: City of Cold Lake Council

/twp

Civic Address
#102, 7825 – 51 Streets
Cold Lake, AB
Telephone (780) 639-6400
Fax (780) 639-0250



Mailing Address
5513 – 48 Avenue
Cold Lake, AB T9M 1A1
www.coldlake.com

DEFEATED

Community Capital Project Grant

Project: <u>providing gift cards to front line workers</u>	
Total Project Cost: <u>\$1725</u>	1/3 or less requested: <u>\$425</u>
The project must not have commenced prior to the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Project must not be in receipt of other sources from the City of Cold Lake	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organization must not have received the Community Capital Project Grant funding within the last two years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Match Funding Requirement- has the organization demonstrated that 2/3 of project will be paid for by the community through: In-kind labor, services, equipment, or monetary donations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Community Organization Criteria	
1. Registered non-profit or registered charitable organization	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Primary mandate of the organization must be to provide, within the City of Cold Lake	<input type="checkbox"/> sports <input type="checkbox"/> recreation <input type="checkbox"/> arts <input type="checkbox"/> culture <input type="checkbox"/> social services <input type="checkbox"/> community wellness
3. Have demonstrable sustainability.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital Projects Criteria	
Eligibility, must be at least one: <ol style="list-style-type: none"> Construct a new facility <input type="checkbox"/> Expand a facility beyond its existing footprint <input type="checkbox"/> Retrofit an existing facility for a new use or purpose <input type="checkbox"/> Renovate an existing facility to remodel or restore the space <input type="checkbox"/> Upgrade the facility's mechanical, security or other technology <input type="checkbox"/> Replace or provide additional major equipment where the equipment supports a program or services which have a lifespan of five years or more <input type="checkbox"/> 	The facility or equipment must be used for at least one: <ul style="list-style-type: none"> <input type="checkbox"/> sports and recreation <input type="checkbox"/> arts and culture <input type="checkbox"/> parks <input type="checkbox"/> social services <input type="checkbox"/> community wellness <input type="checkbox"/> other: _____ The project creates a new or enhanced service within the City of Cold Lake, which is: <ul style="list-style-type: none"> <input type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members <input type="checkbox"/> sustainable for the facility <input type="checkbox"/> involve a strong volunteer base supporting the facility project while sustaining ongoing operations <input type="checkbox"/> supported by the community

* Does not meet criteria

☐ Application complete

☒ Application INCOMPLETE

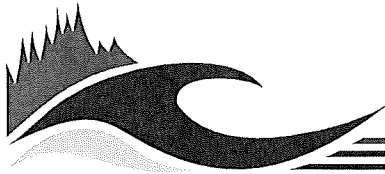
☐ Confirmation of match funding

☒ Letters of Support

☐ Land ownership proof, long-term lease & permission from owner to undertake the project

Ben and Lorie Opposed
5/5

letter: does not meet criteria



COMMUNITY CAPITAL PROJECT GRANT APPLICATION FORM

SECTION 1: APPLICANT INFORMATION

Name of the Organization:
Lakeland Multicultural Association

RECEIVED

APR 27 2020

Mailing Address & Phone Number:
#3406 - 901 16 Street, Cold Lake AB T9M

CITY OF COLD LAKE

Has the organization received any Community Capital Project Grants in the past?

- ☒ No
☐ Yes, in what year(s): _____

Explain how the organization is sustainable:

☒ Registered on: _____ May 23, 2018

We have been incorporated for two years, during which through cautious spending and sponsorship support, we have been able to build a safety net for ourselves. We also host Diwali Night each year that is our primary fundraiser event during which we raise substantial capital for our free events and other initiatives. We also do not have any paid employees, very low operating costs and no physical space costs.

Community Organization Eligibility Criteria:

Location where the organization is based out of:

- ☒ City of Cold Lake
☐ Other: _____

Organization must be either a registered:

- ☒ not-for-profit (No: 5021253819)
☐ charitable organization (No: _____)

Organization's primary mandate must be to provide at least one of the following within the City of Cold Lake: (check all that apply):

- ☐ sports
☐ recreation
☐ arts
☒ culture
☐ social services
☐ community wellness

SECTION 2: PROJECT DETAILS

The project is to: (check all that apply):

- ☐ construct a new facility
☐ expand a facility beyond its existing footprint
☐ retrofit an existing facility for a new use or purpose
☐ renovate an existing facility to remodel/restore the space
☐ upgrade the facility's mechanical, security or technology
☐ replace or provide additional major equipment where that equipment supports a program or services, which have a lifespan of 5 years or more

<p><i>The facility (or equipment) will be used for:</i> (check all that apply)</p> <p><input type="checkbox"/> sports and recreation</p> <p><input type="checkbox"/> arts and culture</p> <p><input type="checkbox"/> social services</p> <p><input type="checkbox"/> parks</p> <p><input type="checkbox"/> community wellness</p> <p><input type="checkbox"/> other _____</p>	<p><i>The project creates a new or enhanced service within the City of Cold Lake, which is:</i> (check all that apply):</p> <p><input checked="" type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members</p> <p><input type="checkbox"/> sustainable for the facility</p> <p><input type="checkbox"/> involves a strong volunteer base supporting the facility project while sustaining ongoing operations</p> <p><input type="checkbox"/> supported by the Community</p>
<p><i>Describe the Project:</i></p> <p>The project is titled Community Difference Makers. The Lakeland Multicultural Association (LMA) would like to highlight the contributions of the frontline personnel in the Lakeland communities who give their best everyday by either delivering public services such as healthcare, social work, retail goods, transportation, and more, or volunteering for essential services during the CoVID-19 pandemic. For the Community Difference Makers, LMA encourages the Lakeland community members to nominate a person who has made a difference for them during this CoVID-19 pandemic. The organization of the personnel nominated will be contacted by LMA to relay the message, without revealing the nominator. If the organization and nominee provides authorization, LMA will share the nominee contributions on the LMA Social Media platforms, and they will be entered into a raffle draw to win a gift card to local businesses, which will provide the much needed support to them to survive through this tough phase. Potential Impact the Project is expected to have on the community. (You may wish to include: the demographics of the community, who will be served by the project; the number of community members who may potentially benefit from the project; the level of community support for the project; the potential longevity of the project; how the project will benefit the community.)</p> <p>The project will bring the community together by supporting the frontline workers and local businesses through the pandemic. The project will encourage volunteering and leadership in the community by recognizing the time and effort put in by the frontline workers in the community, while generating a revenue stream for the local businesses to improve their sustainability.</p>	
<p><i>Is the project receiving funding from another City source?</i></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, explain the source(s) and what year(s) funding was received: _____</p> <p>_____</p> <p>_____</p>	<p><i>Anticipated project start date:</i> <u>April 28, 2020</u></p> <p><i>Expected project completion date:</i> <u>June 26, 2020</u></p> <p><i>Proposed location for the project:</i></p> <p>City of Cold Lake</p>
<p><i>Indicate any innovative, unique, or additional factors that may be associated with this application:</i></p> <p>By providing gift cards to local businesses, we aim to stimulate influx to local businesses, who are definitely seeing a detrimental impact on their income and sustainability.</p>	

SECTION 3: PROJECT COSTS (MATCH FUNDING)

Total Project Costs:

\$ 1350.00 Committed community contribution
\$ 425.00 Grant request from City
\$ 1725.00 Total Project Cost

Sources of Community Contributions:

\$ 450 In-kind labour (unskilled)
\$ In-kind labour (skilled)
\$ In-kind services
\$ In-kind equipment/materials
\$ Monetary donations (excludes grants)
\$ Monetary grants (from non-City sources)

Is there any shortfall? (if yes, please explain):

Conditions of Funding:

- The grant request under this program must be one-third (1/3) or less of the total project cost.
- Applicant must be able to demonstrate that at least two-thirds (2/3) of the project costs will be paid for by the community through: in kind labour, services, equipment/materials which are directly related to the project, and/or monetary donations.
- Volunteer time must be directed related to the project for which funding is being requested. Please see the Community Capital Grant Policy for valuation of volunteer time and donations.
- Unskilled labour can only contribute to a maximum of one-third (1/3) of the "community contributions".
- Qualifying volunteer time must be directly related to the project(s) and may not include any other volunteer hours for fundraising, creating the grant application, time spent in meetings or activities related to planning the project or other planning activities of the organization.

SECTION 4: APPLICANT DECLARATION

I give my consent to the City of Cold Lake to collect, use, retain, disclose and dispose of the information contained within this application for the purpose of, but not limited to, operational and public media as may be deemed appropriate by the City of Cold Lake. I also certify that to the best of my knowledge the information provided in this application is accurate.

Applicant Signature: _____

Date: April 27, 2020

Please submit the completed application by email (city@coldlake.com), by mail, or in person at the address below, to the **Attention of the Community Capital Project Grant Program**.

- ☒ Completed application form
- ☒ Confirmation of match funding
- ☐ Letters of support from the community
- ☐ Proof that the application has either land ownership for the location of the project, a long-term lease and the confirmation from the owner for permission to undertake the project, or another form or confirmation of ownership/permission to undertake the project on the property

For Office Use Only

Date Received: _____

Decision Date: _____

Decision: ☒ Approved ☐ Rejected

Staff Initial: _____

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.

ATB0114001_1544713_001 E D 08189 02348

Lakeland Multicultural Association

3406-901 16 St

Cold Lake AB T9M 0C3

Your ATB Financial Branch

08189 Cold Lake Branch

6501 51 St

Cold Lake AB

T9M 1C8

If you have any questions, contact us at

1 800 332-8383 or visit us at

www.atb.com

A summary of Deposit Account Community Spirit Account

00287599379	Transit # 08189-219
Your balance forward on Feb 15, 2020	\$10,914.52
Money out of your account (5 items)	- \$1,263.58
Money into your account (1 item)	+ \$0.02
Your closing balance on Mar 15, 2020	= \$9,650.96

Details of your account transactions

Date	Description	Money out of your account (\$)	Money into your account (\$)	Balance (\$)
Feb 15	Balance forward			\$10,914.52
Feb 18	Cheque #000000000070	\$296.95		10,617.57
Feb 19	Cheque #000000000052	\$350.00		10,267.57
Feb 25	Cheque #000000000072	\$335.49		9,932.08
Feb 26	Cheque #000000000074	\$216.83		9,715.25
Feb 29	Interest Payment		\$0.02	9,715.27
Mar 3	Cheque #000000000073	\$64.31		9,650.96
Mar 15	Closing balance			\$9,650.96

Find an error? Give us a call or drop by a branch. We'll take care of it.

Evert Chandoo
3/23/2020

President, Lakeland Multicultural
Association

(Amrita Vijay)

LMP Treasurer & Accountant

ATB Financial™

SAVING | BORROWING | INVESTING | KNOW-HOW

Deposit Account Statement

Statement date March 15, 2020

Transit number 08189-219


Customer number 0002420316

Page number 3 of 3

Community Spirit Account 00287599379

Cheque #000000000070


\$296.95


LAKELAND MULTICULTURAL ASSOCIATION
 0070
 18 01 20 20
 DATE DECEMBER
 PAY TO THE ORDER OF Stables \$ 296.95
Two hundred and Ninety six 95/100 DOLLARS
 FOR Ref. Invoice 2645884
 ⑆00000070⑆ ⑆08189⑆219⑆ 00287599379⑆

Community Spirit Account 00287599379

Cheque #000000000052


\$350.00


LAKELAND MULTICULTURAL ASSOCIATION
 0052
 11 10 2019
 DATE NOVEMBER
 PAY TO THE ORDER OF UOFA HOLLYWOOD DANCE CLUB \$ 350.00
Three hundred and fifty 00/100 DOLLARS
 FOR Deposit payment
 ⑆0000052⑆ ⑆08189⑆219⑆ 00287599379⑆

Community Spirit Account 00287599379

Cheque #000000000072


\$335.49


LAKELAND MULTICULTURAL ASSOCIATION
 0072
 16 02 2020
 DATE FEBRUARY
 PAY TO THE ORDER OF Kelley \$ 335.49
Three hundred and thirty five 49/100 DOLLARS
 FOR cash exp. claim
 ⑆0000072⑆ ⑆08189⑆219⑆ 00287599379⑆

Community Spirit Account 00287599379

Cheque #000000000074


\$216.83


LAKELAND MULTICULTURAL ASSOCIATION
 0074
 24 02 2020
 DATE FEBRUARY
 PAY TO THE ORDER OF Event chandra \$ 216.83
Two hundred and sixteen 83/100 DOLLARS
 FOR cash exp. claim
 ⑆0000074⑆ ⑆08189⑆219⑆ 00287599379⑆

Community Spirit Account 00287599379

Cheque #000000000073

\$64.31


LAKELAND MULTICULTURAL ASSOCIATION
 0073
 24 02 2020
 DATE FEBRUARY
 PAY TO THE ORDER OF Kunal Jindoo \$ 64.31
Sixty four 31/100 DOLLARS
 FOR cash exp. claim
 ⑆0000073⑆ ⑆08189⑆219⑆ 00287599379⑆



City of *Cold Lake*

COMMUNITY SERVICES

president@lakelandlacrosse.ca

Mike Groves
President
Lakeland Lacrosse Association

May 25, 2020

Dear Mr. Groves

Re: Community Capital Project Grant Application dated April 27, 2020

The Recreation and Culture Advisory Committee (RCAC) met on May 25, 2020 to review your application. Unfortunately your request has been declined due to an incomplete application. The Committee asks that you request to appear as a delegation to the City of Cold Lake Council or re-submit your application for the fiscal year 2021 and provide a Business Plan, Financial Plans and supporting documents with estimates and costs.

We wish you and the Lakeland Lacrosse Association the best of success.

Sincerely,

Heather Miller
Chris Holoboff
RCAC Chairperson

Cc: City of Cold Lake Council

/twp

Civic Address
#102, 7825 – 51 Streets
Cold Lake, AB
Telephone (780) 639-6400
Fax (780) 639-0250



Mailing Address
5513 – 48 Avenue
Cold Lake, AB T9M 1A1
www.coldlake.com

DEFEATED.

Community Capital Project Grant

Project: <u>Purchase turf by the toll for the North Arena</u>	
Total Project Cost: <u>120-180 thousand</u>	1/3 or less requested:
The project must not have commenced prior to the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Project must not be in receipt of other sources from the City of Cold Lake	Anticipated start date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organization must not have received the Community Capital Project Grant funding within the last two years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Match Funding Requirement- has the organization demonstrated that 2/3 of project will be paid for by the community through: In-kind labor, services, equipment, or monetary donations	Year: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Community Organization Criteria	
1. Registered non-profit or registered charitable organization	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Primary mandate of the organization must be to provide, within the City of Cold Lake	<input checked="" type="checkbox"/> sports <input checked="" type="checkbox"/> recreation <input type="checkbox"/> arts <input type="checkbox"/> culture <input type="checkbox"/> social services <input checked="" type="checkbox"/> community wellness
3. Have demonstrable sustainability.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Capital Projects Criteria	
Eligibility, must be at least one: 1. Construct a new facility <input type="checkbox"/> 2. Expand a facility beyond its existing footprint <input type="checkbox"/> 3. Retrofit an existing facility for a new use or purpose <input checked="" type="checkbox"/> 4. Renovate an existing facility to remodel or restore the space <input type="checkbox"/> 5. Upgrade the facility's mechanical, security or other technology <input type="checkbox"/> 6. Replace or provide additional major equipment where the equipment supports a program or services which have a lifespan of five years or more <input checked="" type="checkbox"/>	The facility or equipment must be used for at least one: <input checked="" type="checkbox"/> sports and recreation <input type="checkbox"/> arts and culture <input type="checkbox"/> parks <input type="checkbox"/> social services <input checked="" type="checkbox"/> community wellness <input type="checkbox"/> other: _____ The project creates a new or enhanced service within the City of Cold Lake, which is: <input checked="" type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members <input checked="" type="checkbox"/> sustainable for the facility <input type="checkbox"/> involve a strong volunteer base supporting the facility project while sustaining ongoing operations <input type="checkbox"/> supported by the community

☐ Application complete

☒ Application INCOMPLETE

☐ Confirmation of match funding

☐ Letters of Support

☐ Land ownership proof, long-term lease & permission from owner to undertake the project

Chris to approve & 40 thousand
and Ben. Opposed 5/5

Letter.
lacrosse
soccer - winter



COMMUNITY CAPITAL PROJECT GRANT APPLICATION FORM

RECEIVED
APR 27 2020

SECTION 1: APPLICANT INFORMATION

Name of the Organization:
Lakeland Lacrosse Association

Mailing Address & Phone Number:

CITY OF COLD LAKE

Has the organization received any Community Capital Project Grants in the past?

- ☒ No
☐ Yes, in what year(s): _____

Explain how the organization is sustainable:

- ☒ Registered on: _____ Established 2005

Community Organization Eligibility Criteria:

Location where the organization is based out of:

- ☒ City of Cold Lake
☒ Other: Cold Lake and Bonnyville (Lakeland)

Organization must be either a registered:

- ☒ not-for-profit (No: 29695235)
☐ charitable organization (No: _____)

Organization's primary mandate must be to provide at least one of the following within the City of Cold Lake: (check all that apply):

- ☒ sports
☒ recreation
☐ arts
☐ culture
☐ social services
☒ community wellness

SECTION 2: PROJECT DETAILS

The project is to: (check all that apply):

- ☐ construct a new facility
☐ expand a facility beyond its existing footprint
☒ retrofit an existing facility for a new use or purpose
☐ renovate an existing facility to remodel/restore the space
☐ upgrade the facility's mechanical, security or technology
☒ replace or provide additional major equipment where that equipment supports a program or services, which have a lifespan of 5 years or more

<p><i>The facility (or equipment) will be used for:</i> (check all that apply)</p> <p><input checked="" type="checkbox"/> sports and recreation</p> <p><input type="checkbox"/> arts and culture</p> <p><input type="checkbox"/> social services</p> <p><input type="checkbox"/> parks</p> <p><input checked="" type="checkbox"/> community wellness</p> <p><input type="checkbox"/> other _____</p>	<p><i>The project creates a new or enhanced service within the City of Cold Lake, which is:</i> (check all that apply):</p> <p><input checked="" type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members</p> <p><input checked="" type="checkbox"/> sustainable for the facility</p> <p><input type="checkbox"/> involves a strong volunteer base supporting the facility project while sustaining ongoing operations</p> <p><input type="checkbox"/> supported by the Community</p>
<p><i>Describe the Project:</i></p> <p>Requesting support and funding from the City of Cold Lake for the installation of Play Safe Fun Turf (by the roll) for the Cold Lake North Arena to provide alternate sporting opportunities such as but not limited to Pickleball, Indoor Soccer, Softball/ Baseball and Lacrosse when the facility isn't in use during Hockey Season. This opportunity would be equivalent to Summer Hockey Programs that run off season and would enable summer sporting activities to continue all year round vice being restricted to 2 short months a year.</p>	
<p><i>Potential Impact the Project is expected to have on the community:</i> (You may wish to include: the demographics of the community who will be served by the project; the number of community members who may potentially benefit from the project; the level of community support for the project; the potential longevity of the project; how the project will benefit the community.)</p> <p>Economical and affordable means to supplement indoor activity until such time the City of Cold Lake provides additional indoor playing surfaces such as the field house at the Energy Centre. This space will increase activity levels for all age groups as the Field House is extremely hard to book timings due to its high demand. This also has potential of revenue as Cold Lake would now have additional space to rent out to promote community wellness and it would then be considered a year round facility for all sporting opportunities as previously mentioned above.</p>	
<p><i>Is the project receiving funding from another City source?</i></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, explain the source(s) and what year(s) funding was received: _____</p> <p>_____</p> <p>_____</p>	<p><i>Anticipated project start date:</i> <u>Fall 2020</u></p> <p><i>Expected project completion date:</i> <u>Spring 2021</u></p> <p><i>Proposed location for the project:</i> Cold Lake North Arena</p>
<p><i>Indicate any innovative, unique, or additional factors that may be associated with this application:</i> - Sponsorship advertisement on the playing surface, and repurposing/ extending the life expectancy of an aging City Asset.</p>	

SECTION 3: PROJECT COSTS (MATCH FUNDING)**Total Project Costs:**

\$ 0 Committed community contribution
\$ 120-180K Grant request from City
\$ 120-180K Total Project Cost

Sources of Community Contributions:

\$ _____ In-kind labour (unskilled)
\$ _____ In-kind labour (skilled)
\$ _____ In-kind services
\$ _____ In-kind equipment/materials
\$ _____ Monetary donations (excludes grants)
\$ _____ Monetary grants (from non-City sources)

Is there any shortfall? (if yes, please explain):

To date, this application does not have community contributions or sponsorship. If approved, the Lakeland Lacrosse Association will be the advocate in seeking community contribution and sponsorship.

Conditions of Funding:

- The grant request under this program must be one-third (1/3) or less of the total project cost.
- Applicant must be able to demonstrate that at least two-thirds (2/3) of the project costs will be paid for by the community through: in kind labour, services, equipment/materials which are directly related to the project, and/or monetary donations.
- Volunteer time must be directed related to the project for which funding is being requested. Please see the Community Capital Grant Policy for valuation of volunteer time and donations.
- Unskilled labour can only contribute to a maximum of one-third (1/3) of the "community contributions".
- Qualifying volunteer time must be directly related to the project(s) and may not include any other volunteer hours for fundraising, creating the grant application, time spent in meetings or activities related to planning the project or other planning activities of the organization.

SECTION 4: APPLICANT DECLARATION

I give my consent to the City of Cold Lake to collect, use, retain, disclose and dispose of the information contained within this application for the purpose of, but not limited to, operational and public media as may be deemed appropriate by the City of Cold Lake. I also certify that to the best of my knowledge the information provided in this application is accurate.

Applicant Signature: _____



LAKELAND LACROSSE

PRESIDENT

Date: _____

APRIL 26, 2020

Please submit the completed application by email (city@coldlake.com), by mail, or in person at the address below, to the **Attention of the Community Capital Project Grant Program**.

- ☐ Completed application form
- ☐ Confirmation of match funding
- ☐ Letters of support from the community
- ☐ Proof that the application has either land ownership for the location of the project, a long-term lease and the confirmation from the owner for permission to undertake the project, or another form or confirmation of ownership/permission to undertake the project on the property

For Office Use Only

Date Received: _____

Decision Date: _____

Decision: ☒ Approved ☐ Rejected ☐

Staff Initial: _____

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City of *Cold Lake*

COMMUNITY SERVICES

apritchard_417@hotmail.com

Alexis Corbin
Hearts for Healthcare
4807-51 Street
Cold Lake AB T9M 1C8

May 25, 2020

To Ms. Corbin

Re: Community Capital Project Grant Application dated April 27, 2020

The Recreation and Culture Advisory Committee (RCAC) met on May 25, 2020 to review your application. Unfortunately your request has been declined due to an incomplete application. The Committee asks that you request to appear as a delegation to the City of Cold Lake Council or re-submit your application for the fiscal year 2021 and provide a Business Plan, Financial Plans and supporting documents with estimates and costs. The Committee would also like clarification on the project and its' location. Is the project in the design phase? Or would the project be expanding on an existing building.

We wish you and Hearts for Healthcare the best of success.

Sincerely,

Chris Holoboff
RCAC Chairperson

Cc: City of Cold Lake Council

/twp

Civic Address
#102, 7825 – 51 Streets
Cold Lake, AB
Telephone (780) 639-6400
Fax (780) 639-0250



Mailing Address
5513 – 48 Avenue
Cold Lake, AB T9M 1A1
www.coldlake.com

DEFEATED.

Community Capital Project Grant

Project: <u>construct 'Community Healing Garden'</u>	
Total Project Cost: <u>\$100 thousand</u>	1/3 or less requested: <u>\$30 thousand</u>
The project must not have commenced prior to the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Project must not be in receipt of other sources from the City of Cold Lake	Anticipated start date: <u>May 1, 2021</u>
Organization must not have received the Community Capital Project Grant funding within the last two years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Year:	
Match Funding Requirement- has the organization demonstrated that 2/3 of project will be paid for by the community through: In-kind labor, services, equipment, or monetary donations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Community Organization Criteria	
1. Registered non-profit or registered charitable organization	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Primary mandate of the organization must be to provide, within the City of Cold Lake	<input type="checkbox"/> sports <input type="checkbox"/> recreation <input type="checkbox"/> arts <input type="checkbox"/> culture <input type="checkbox"/> social services <input checked="" type="checkbox"/> community wellness
3. Have demonstrable sustainability.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Capital Projects Criteria	
Eligibility, must be at least one: 1. Construct a new facility <input checked="" type="checkbox"/> 2. Expand a facility beyond its existing footprint <input type="checkbox"/> 3. Retrofit an existing facility for a new use or purpose <input type="checkbox"/> 4. Renovate an existing facility to remodel or restore the space <input type="checkbox"/> 5. Upgrade the facility's mechanical, security or other technology <input type="checkbox"/> 6. Replace or provide additional major equipment where the equipment supports a program or services which have a lifespan of five years or more <input type="checkbox"/>	The facility or equipment must be used for at least one: <input type="checkbox"/> sports and recreation <input type="checkbox"/> arts and culture <input type="checkbox"/> parks <input type="checkbox"/> social services <input checked="" type="checkbox"/> community wellness <input type="checkbox"/> other: _____ The project creates a new or enhanced service within the City of Cold Lake, which is: <input checked="" type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members <input checked="" type="checkbox"/> sustainable for the facility <input checked="" type="checkbox"/> involve a strong volunteer base supporting the facility project while sustaining ongoing operations <input checked="" type="checkbox"/> supported by the community

☐ Application complete

☒ Application INCOMPLETE

☐ Confirmation of match funding

☐ Letters of Support

☐ Land ownership proof, long-term lease & permission from owner to undertake the project

Ben: to approve. Opposed. Letter: 5/5
 2nd Chris



COMMUNITY CAPITAL PROJECT GRANT APPLICATION FORM

SECTION 1: APPLICANT INFORMATION

Name of the Organization:
Hearts for Healthcare

RECEIVED
APR 27 2020

Mailing Address & Phone Number:

780-812-1312
4807-51 street Cold Lake AB

CITY OF COLD LAKE

Has the organization received any Community Capital Project Grants in the past?

☒ No

☐ Yes, in what year(s): _____

Explain how the organization is sustainable:

☒ Registered on: _____ December 31, 2007

Hearts for Healthcare has been present in Cold Lake for 12 years. They have been raising much needed funds to recruit physicians and other health professionals as well as buying much needed equipment. All projects taken on require donations and volunteers.

Community Organization Eligibility Criteria:

Location where the organization is based out of:

☒ City of Cold Lake

☐ Other: _____

Organization must be either a registered:

☒ not-for-profit (No: 848947503RR0001)

☐ charitable organization (No: _____)

Organization's primary mandate must be to provide at least one of the following within the City of Cold Lake: (check all that apply):

☐ sports

☐ recreation

☐ arts

☐ culture

☐ social services

☒ community wellness

SECTION 2: PROJECT DETAILS

The project is to: (check all that apply):

☒ construct a new facility

☐ expand a facility beyond its existing footprint

☐ retrofit an existing facility for a new use or purpose

☐ renovate an existing facility to remodel/restore the space

☐ upgrade the facility's mechanical, security or technology

☐ replace or provide additional major equipment where that equipment supports a program or services, which have a lifespan of 5 years or more

<p><i>The facility (or equipment) will be used for:</i> (check all that apply)</p> <p> <input type="checkbox"/> sports and recreation <input type="checkbox"/> arts and culture <input type="checkbox"/> social services <input type="checkbox"/> parks <input checked="" type="checkbox"/> community wellness <input type="checkbox"/> other _____ </p>	<p><i>The project creates a new or enhanced service within the City of Cold Lake, which is:</i> (check all that apply):</p> <p> <input checked="" type="checkbox"/> accessible, affordable, inclusive providing broad opportunities for community members <input checked="" type="checkbox"/> sustainable for the facility <input checked="" type="checkbox"/> involves a strong volunteer base supporting the facility project while sustaining ongoing operations <input checked="" type="checkbox"/> supported by the Community </p>
<p><i>Describe the Project:</i></p> <p>Hearts for Healthcare would like to construct a Community Healing Garden, either on hospital land or near by, for all residents in Cold Lake. Studies have shown that healing gardens improve surgical outcomes of patients, improve healing times and help with end of life care. The garden also helps improve the mental well being of those that use. It would also be a great space for medical professionals to unwind after difficult days.</p> <p>The garden would feature plants, flowers and water features as well as a covered area. We would also like to incorporate indigenous elements into the garden such as a tee pee. If enough investment is received we would love to create a greenhouse type space where flowers and plants can be enjoyed year round.</p>	
<p><i>Potential Impact the Project is expected to have on the community:</i> (You may wish to include: the demographics of the community who will be served by the project; the number of community members who may potentially benefit from the project; the level of community support for the project; the potential longevity of the project; how the project will benefit the community.)</p> <p>This project has the ability to impact anyone dealing with illness, mental health issues, long term care or palliative needs at the hospital and the community of Cold Lake. It would be open to anyone to use which means the entire city can enjoy the benefits. Currently the entire board of directors is on board with the program. We have applied for one other grant which would cover some costs but we are waiting to hear if we won. The project would be a permanent fixture in the community, run by volunteers and managed by Hearts for Healthcare. Given that Hearts for Healthcare has been in the community for so long is an indication to the fact that we have some longevity. A Community Healing Garden can have a positive impact on the health and well being of our community. Less time in hospitals and better outcomes is what everyone wants to see.</p>	
<p><i>Is the project receiving funding from another City source?</i></p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, explain the source(s) and what year(s) funding was received: _____ _____ _____ </p>	<p><i>Anticipated project start date:</i> <u>May 01, 2021</u></p> <p><i>Expected project completion date:</i> <u>September 30, 2021</u></p> <p><i>Proposed location for the project:</i> Either right on the hospital grounds or on the land near by.</p>
<p><i>Indicate any innovative, unique, or additional factors that may be associated with this application:</i></p> <p>There is currently nothing like this within our community. By incorporating all types of elements within the garden it becomes an inclusive project.</p>	

SECTION 3: PROJECT COSTS (MATCH FUNDING)

Total Project Costs:

\$0.00 Committed community contribution
\$30,000.00 Grant request from City
\$100,000.00 Total Project Cost

Sources of Community Contributions:

\$5,000.00 In-kind labour (unskilled)
\$5,000.00 In-kind labour (skilled)
\$5,000.00 In-kind services
\$5,000.00 In-kind equipment/materials
\$0.00 Monetary donations (excludes grants)
\$0.00 Monetary grants (from non-City sources)

Is there any shortfall? (if yes, please explain):

Currently there is. We have applied for one other grant of \$25 000 and we are awaiting to hear about it. We will be searching for other grants and if we can get some of those we will begin fundraising for the remainder of the money.

Conditions of Funding:

- The grant request under this program must be one-third (1/3) or less of the total project cost.
- Applicant must be able to demonstrate that at least two-thirds (2/3) of the project costs will be paid for by the community through: in kind labour, services, equipment/materials which are directly related to the project, and/or monetary donations.
- Volunteer time must be directed related to the project for which funding is being requested. Please see the Community Capital Grant Policy for valuation of volunteer time and donations.
- Unskilled labour can only contribute to a maximum of one-third (1/3) of the "community contributions".
- Qualifying volunteer time must be directly related to the project(s) and may not include any other volunteer hours for fundraising, creating the grant application, time spent in meetings or activities related to planning the project or other planning activities of the organization.

SECTION 4: APPLICANT DECLARATION

I give my consent to the City of Cold Lake to collect, use, retain, disclose and dispose of the information contained within this application for the purpose of, but not limited to, operational and public media as may be deemed appropriate by the City of Cold Lake. I also certify that to the best of my knowledge the information provided in this application is accurate. *mentioned in e-mail the inability to sign.

Applicant Signature: _____ Date: _____

Please submit the completed application by email (city@coldlake.com), by mail, or in person at the address below, to the **Attention of the Community Capital Project Grant Program**.

- ☐ Completed application form
- ☐ Confirmation of match funding
- ☐ Letters of support from the community
- ☐ Proof that the application has either land ownership for the location of the project, a long-term lease and the confirmation from the owner for permission to undertake the project, or another form or confirmation of ownership/permission to undertake the project on the property

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Date Received: _____
Decision: Approved ☐ Rejected ☐

Decision Date: _____
Staff Initial: _____

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