

TOWN POLICY NAME: POLICY NO:

TRMH Support Funding Policy 007/2024

RESOLUTION: ADOPTED BY: SUPERSEDES:

2024-065 Town Council

RESCINDS:

PREPARED BY:
Administration

EFFECTIVE DATE:
February 20, 2024

REVIEWED BY: REVIEW DATE:

Council January 2027

1. POLICY PURPOSE

To provide a framework for Council, in the exercise of its discretion to fund Supplementary Service organizations through the annual operating budget.

2. BACKGROUND

In the Town of Rocky Mountain House Core Services Policy, Council has recognized services in the community that are generally the responsibility of other levels of government but may need municipal financial assistance to meet the needs of residents. In the Core Services Policy these are classified as Supplementary Services.

The Town supports the organizations that provide these services by financial contributions to the Clearwater Family and Community Support Service (FCSS), or by direct funding allocated in the Town's operational budget. The Town also has an annual grant program for capital costs or events that Supplementary Services may apply for.

Recognizing that a Supplementary Service may not meet the mandate requirements for FCSS funding, Council adopted this Policy to address organizations that request municipal funding.

3. POLICY STATEMENT

Council may provide funding in the annual operating budget for Supplementary Services in accordance with the guidelines of this policy.

4. **DEFINITIONS**

"Core Services Policy" means Core Services Policy 009/2023 as may be amended from time to time.

"Supplementary Services" means health services, justice services, education services or services provided by a non-profit organization as identified in the Core Services policy.

"Support Funding" means grant funding for the operational costs of a Supplementary Service.

5. **RESPONSIBILITIES**

Council is responsible for rendering a decision on each request for Support Funding.

Administration is responsible for accepting application requests, preparing a report to Council and notifying each applicant of Council's decision.

6. GUIDELINES

- 6.1 To qualify for Support Funding, the Supplementary Service must not be eligible for funding through FCSS.
- 6.2 The Support Funding shall only be for the operational costs of the organization providing the Supplementary Service within the budget year approved.
- 6.3 A Supplementary Service organization must apply prior to October 1 for the upcoming year.
- 6.4 Council shall not be bound by precedent for any prior decisions it has made relative to requests for Support Funding. Approving Support Funding for one year does not bind Council to provide Support Funding for future years.
- 6.5 Council, at its discretion, may only provide a portion of the requested Support Funding.
- 6.6 In reviewing an application for funding, Council may consider the following factors:
 - a) Financial impact on the operating budget and taxation rates.
 - b) Level of responsibility of another government to fund the services.
 - c) Level of benefiting citizens within the community.
 - d) Ability of the organization to find alternate funding such as grants or fundraising.
 - e) The financial position of the organization.
 - f) Alignment with Council's Strategic Plan.
 - g) Any other factor Council considers relevant to the funding request.
- 6.7 Council's decision on a request for Support Funding is considered final. There is no further recourse available, and the matter is considered closed.

7. PROCEDURES

- 7.1 The Supplementary Service organization shall submit the Support Funding application form and required information as shown in Schedule A by October 1.
- 7.2 Administration shall review the Support Funding application for completeness and conformance to the guidelines of this Policy. Administration is to advise the applicant if the application is incomplete and advise what additional information is required. If the application does not meet the requirements of this Policy for Support Funding, Administration is to advise the applicant along with the reason for not qualifying for Support Funding and advise Council.

- 7.3 Upon receiving a complete and qualifying application, Administration shall place the Support Funding applications on the Service Level Meeting agenda for Council's review and consideration.
- 7.4 Council shall consider the Support Funding application and provide direction to Administration for the draft operational budget. Council may request additional information if it is determined there may be factors to consider that are not identified in the application or this Policy.
- 7.5 Final consideration of the Support Funding request will be made by Council during the operating budget process. Administration shall inform the applicant of Council's decision and perform the required actions from the decision once the operating budget is approved.

Mayor Debbie Baich

CAO Dean Krause



Policy 007/2024 SCHEDULE A Application for Support Funding

SECTION A – Notice to Applicants

An organization must apply prior to October 1 for the upcoming year.

Completed application forms will be sent to Legislative@trmh.ca.

Administration will contact you to request any mandatory information if it is missing from your application form. Your application information will be assessed for conformance to the guidelines of the Town of Rocky Mountain House Support Funding Policy 007/2024.

The personal information that you provide to the Town of Rocky Mountain House on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the FOIP Act. Questions about the collection or use of this information can be directed to the Town of Rocky Mountain House FOIP Coordinator at 403-845-2866.

SECTION B – Part 1 – Organization **Organization Identification** Legal Name (Organization's full name, as it appears on legal documents) **2. Operating Name (if different from legal name) 3. Year Established** (Year the organization was created) 4. Organization Type **Private Sector** Public Sector Not-For-Profit 5. Alberta Corporation Number Enter your Alberta Corporation Number: or I have provided a separate document confirming the proof of operations for my organization. Specify type of document(s): 6. Organization Mailing Address Street Number and Name City or Town Province Postal Code

	Organization's Primary Activities In no more than 250 words describe your organization's primary activities.
SEC	TION B – Part 2 – Organization Contacts
	mary Contact This should be your primary contact person with respect to this application for funding.
	Given Name/Surname
9.	Position Title
10.	Contact Telephone Number Email Address
Sec	ondary Contact This should be your secondary contact person with respect to this application for funding.
11.	Given Name/Surname
12.	Position Title
13.	Contact Telephone Number Email Address

SECT	ION C – Financial Information
14.	Support Funding Request Year
15.	Support Funding Request Amount
16.	Please list any other government sources of funding your organization receives
17.	Has your organization ever received funding through the Clearwater Family and Community Support Service (FCSS)?
	Yes No Unsure
	If yes, please provide last year that funding was received
18.	Audited Financial Statement (Previous year)
	I have provided a copy of my organization's audited financial statement from the previous year.

Revenue	Annual Budget Amount
Total Revenue	
Expenses	Annual Budget Amount
Total Expenses	
or	
	ne upcoming year.
I have provided a copy of my organization's operating budget for the heque is made payable to	

SECTION D – Declaration Information

I declare that all information in this application is accurate and complete, and that the application is made on behalf of the organization named on Page 1 with its full knowledge and consent and complies application criteria.

I declare that I have the authority:

- To submit funding requests for the applicant organization
- To enter into contracts and agreements on behalf of this organization
- To certify that the information in the application is true, accurate and complete

I declare that the organization will spend funds on operational costs only and funds will be spent within the budget year approved. If any program funding remains, I will contact Legislative@trmh.ca immediately, so the funds may be redistributed before year-end.

Questions? Please contact:

Print Name Authorized Signature Date

Print Name Authorized Signature Date

By email: Legislative@trmh.ca Tracy Breese

Town of Rocky Mountain House

Rocky Mountain House, AB T4T 1B2

Box 1509

Submit: