

#### **Primary Agricultural Societies Grant Program Application Form**

Application Deadline: February 15, 2025

For Assistance, and to Submit, Contact: Monika.Warring@gov.ab.ca or Monika Warring, Rural Programming Program Coordinator,
Agriculture, and Irrigation
#106, 4709 – 44 Avenue, Stony Plain, AB T7Z 1N4
Telephone: 780-968-3517 (toll-free by first dialing 310-0000)

\*\*\*Please refer to the program guidelines for information on completing your grant application.

#### **General Information**

\*Mailing Address:

\*Agricultural Society Name:

| *City/Town: *Postal Code:                   |                      | Postal Code:                     |
|---|----------------------|----------------------------------|
| *E-mail:                                    | *Phone:              | Fax:                             |
|   |                      |                                  |
| Financial Common (II)                       |                      | (                                |
| Financial Summary (Use your financial st    | tatements to complet | te this section)                 |
| Fiscal Year of Operations: 2024             |                      |                                  |
| Total Revenue:                              |                      |                                  |
| Total Expenses:                             |                      |                                  |
| Municipal Operating Grant Funding So        | nurces (do not incl  | lude Amount (these amounts will  |
| capital grants, grants you redistribute to  | •                    | carry forward to the operational |
|   |                      |                                  |
| groups, or your provincial ag society grain | nt)                  | expense table on page 6)         |
| County/Town Operating Grant:                |                      |                                  |
| County/Town Operating Grant:                |                      |                                  |



# Section 1. Governance, Leadership, and Training Expenses

Review **Appendix A** of the program guidelines before beginning this section. Submit this section even if no expenses are claimed.

| Name of Leadership Activity: (Please do not use acronyms) |                |                 |  |
|---|----------------|-----------------|--|
| Eligible Expense Description (E.g. registration fee,      | Expense Amount | Office Use Only |  |
| travel, etc.)   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
| Total Eligible Expenses for Leadership Activity:          |                |                 |  |

| Name of Leadership Activity: (Please do not use acronyms)          |                |                 |
|--|----------------|-----------------|
| Eligible Expense Description (E.g. registration fee, travel, etc.) | Expense Amount | Office Use Only |
|  |                |                 |
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|  |                |                 |
| Total Eligible Expenses for Leadership Activity:                   |                |                 |



| Name of Leadership Activity: (Please do not use acronyms) |                |                 |
|---|----------------|-----------------|
| Eligible Expense Description (E.g. registration fee,      | Expense Amount | Office Use Only |
| travel, etc.)   |                | ,               |
|   |                |                 |
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|   |                |                 |
|   |                |                 |
| Total Eligible Expenses for Leadership Activity:          |                |                 |

| Name of Leadership Activity: (Please do not use acronyms)          |                |                 |
|--|----------------|-----------------|
| Eligible Expense Description (E.g. registration fee, travel, etc.) | Expense Amount | Office Use Only |
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|  |                |                 |
| Total Elizible Eveness for Landardhin Activity                     |                |                 |
| Total Eligible Expenses for Leadership Activity:                   |                |                 |

| Section One: Total Expenses   | Office Use Only |
|---|-----------------|
| Total Eligible Expenses for all Leadership Activities: Add the totals for each Leadership Activity to find this number. |                 |



## Section 2. Agricultural Activities and Program Expenses

Review **Appendix B** of the program guidelines before beginning this section. You may also wish to use the statement of expense template in **Appendix C** to break out eligible and ineligible costs. Submit this section even if no expenses are claimed.

| Name of Activity/Program: (Please do not use acronyms) |                |                 |
|--|----------------|-----------------|
|  |                |                 |
| Eligible Expense Description (E.g. judges,             | Expense Amount | Office Use Only |
| advertising, fair books, etc.)                         |                |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
| Total Eligible Expenses for Activity/Program:          |                |                 |

| Name of Activity/Program: (Please do not use acronyms)                    |                |                 |  |
|---|----------------|-----------------|--|
| Eligible Expense Description (E.g. judges, advertising, fair books, etc.) | Expense Amount | Office Use Only |  |
|   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
|   |                |                 |  |
| Total Eligible Expenses for Activity/Program:                             |                |                 |  |



| Name of Activity/Program: (Please do not use acronym | ns)            |                 |
|--|----------------|-----------------|
|  |                |                 |
| Eligible Expense Description (E.g. judges,           | Expense Amount | Office Use Only |
| advertising, fair books, etc.)                       |                |                 |
|  |                |                 |
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|  |                |                 |
| Total Eligible Expenses for Activity/Program:        |                |                 |
| 3 p  |                |                 |

| Name of Activity/Program: (Please do not use acronym | s)             |                 |
|--|----------------|-----------------|
| Eligible Expense Description (E.g. judges,           | Expense Amount | Office Use Only |
| advertising, fair books, etc.)                       | -              |                 |
|  |                |                 |
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|  |                |                 |
| Total Eligible Expenses for Activity/Program:        |                |                 |

| Section Two: Total Expenses  | Office Use Only |
|--|-----------------|
| Total Eligible Expenses for all Agriculture Activities and Programs: Add the totals for each |                 |
| activity/program to find this number.  |                 |



# **Section 3. Operational Expenses**

Review **Appendix D** of the program guidelines before beginning this section. Submit this section even if no expenses are claimed.

| Description   | Expense<br>Amount | Office Use Only |
|---|-------------------|-----------------|
| Insurance   |                   |                 |
| Repairs & Maintenance (Maximum \$10,000) (include cleaning supplies, snow removal, lawn mowing, garbage pick-up, etc. here) |                   |                 |
| Utilities (Heat and Power)  |                   |                 |
| Wages/Salaries & WCB (can include Bookkeeping)  |                   |                 |
| Eligible Expenses   |                   |                 |
| Deduct Municipal Operating Grant(s): (this amount will carry forward from page 1 Financial Summary)                         |                   |                 |
| Total Eligible Expenses   | \$                |                 |

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## **Total Expenses Summary**

### **Total Amounts from Above Tables**

|  | Estimated<br>Expenses | Office use Only |
|--|-----------------------|-----------------|
| Governance, Leadership and Training Expenses |                       |                 |
| Agricultural Activities & Program Expenses   |                       |                 |
| Operational Expenses                         |                       |                 |

#### **Section 4. Base Grant**

Please complete below if you will be applying for the base grant of \$17,500 available to Agricultural Societies that are in good standing.

| Description                   | Amount | Office Use Only |
|-------------------------------|--------|-----------------|
| Base Grant (Maximum \$17,500) |        |                 |

Contact person(s) to answer inquiries pertaining to grant calculations:

| Name: | Email: | Telephone Number: |
|-------|--------|-------------------|
| Name: | Email: | Telephone Number: |

| Office Use Only |  |
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#### **Statement of Certification**

NOTE: Please read this carefully before signing.

We, the authorized representatives named below, certify the following:

- We are authorized to complete this application on behalf of the Agricultural Society named below (the "Agricultural Society");
- We understand and agree to the Agricultural Societies Grant Program Guidelines (the "Guidelines");
- The expenses listed in this application have all been paid in full by the Agricultural Society;
- We have verified that the expenses listed in this application are all eligible under the Guidelines;
- All late fees, GST and other ineligible expenses such as in-contra and in-kind expenses have been deducted in determining the amounts listed in this application;
- We understand that by submitting this application, the Agricultural Society agrees to maintain the records of the expenditures listed in the application for a period of not less than 6 years;
- We understand that funding for the Agricultural Societies Grant Program (the "Program") is limited:
- We understand that payments under the Program are grants subject to the Ministerial Grants Regulation;
- We understand that Agriculture and Irrigation discloses the following information for all grant recipients:
  - o the grant recipient name,
  - o the amount of the grant,
  - o the program the grant is paid under, and
  - the payment date.
- The information provided in this application and all attachments are, to the best of our knowledge, true, complete and correct.

| Name of Agricultural Society           |  |
|--|--|
| Signature of Authorized Representative | Signature of Authorized Representative |
| Legal Name (print)                     | Legal Name (print)                     |
| Position                               | Position                               |
| Date                                   | Date                                   |

The personal information that you provide on this form will be used to process your application under the Agricultural Societies Grant Program. This information is collected under the authority of section 33 (c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and is subject to the provisions of the Act. If you have any questions about the collection or use of this information, contact the Agricultural Societies Grant Program, #106, 4709-44 Avenue, Stony Plain, AB T7Z 1N4, phone (780) 968-3517.



## **Agricultural Societies Facilities Reporting**

Agriculture and Irrigation(AGI) is requesting information on facilities that are owned and/or operated by agricultural societies. This information assists AGI with program planning (e.g. it was used to determine eligibility for the Agricultural Societies energy Efficiency Program). If you have any question please contact program coordinator at 780-968-3517.

| Indoor Facilities<br>(Facility Type) | Ownership<br>(owned/leased/operated) | Size<br>(sq ft) | Approx. Age of Facility |
|--------------------------------------|--------------------------------------|-----------------|-------------------------|
|                                      |                                      |                 |                         |
|                                      |                                      |                 |                         |
|                                      |                                      |                 |                         |

| Outdoor Facilities<br>(Facility Type) | Ownership (owned/leased/operated) | Size<br>(sq ft) | Approx. Age of Facility |
|---------------------------------------|-----------------------------------|-----------------|-------------------------|
|                                       |                                   |                 |                         |
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