



LLOYDMINSTER

Lloydminster Tobacco Reduction Grant

Guidelines & Application

Program Year: 2018

Deadline for Submission:

May 28, 2018

Submit To:

E-mail: fcss@lloydminster.ca

OR

Mail/Drop-off:

Lloydminster Tobacco Reduction Grant

Attention: FCSS

City Hall

4420 50 Ave

Lloydminster, AB

T9V 0W2

For more Information:

Contact the City of Lloydminster at 780-875-6184 ex 2909 or
fcss@lloydminster.ca.

www.lloydminster.ca/grants



PURPOSE & ELIGIBILITY

The Lloydminster Tobacco Reduction Grant (LTRG) is a community grant program with the goal of a healthier, smoke free Lloydminster. It provides funds for public awareness, education, and support.

The City of Lloydminster receives funds from Tobacco Retailers through Business Licenses Fees which are then distributed to local non-profit volunteer community groups to provide programs.

To be Eligible for grant funding:

- The applicant must be an incorporated Alberta or Saskatchewan non-profit or charitable organization, health region, school or school division, or unincorporated volunteer community group that is endorsed by an eligible organization. Endorsing organizations may be Alberta/Saskatchewan non-profits, health regions, schools or school divisions that agree to receive, administer and account for LTRG grants on the group's behalf.
- The project must either:
 - Raise awareness of the health risks associated with tobacco.
 - Or support the adoption of a tobacco free lifestyle.
- Projects must take place within the Lloydminster area.

PROGRAM OBJECTIVE

The goal of the program is to reduce the number of people consuming tobacco through prevention, education, and the promotion of healthy choices.

PROGRAM CRITERIA

- Expenditures must be **directly related** to the delivery of a tobacco reduction program/event/campaign.
- The maximum funding level is \$26,450.00 per program.
- The grant period is from approval to **December 31, 2018**. The event/activity must take place, and expenditures must occur, within this grant period.
- Any program initiatives that are aimed at increasing participation in any under-represented populations should be clearly identified. Evidence of the direct involvement of under-represented populations in the planning, operating and evaluating of activities supported by the grant must be included in the follow-up report.
- Appropriate liability and participant's insurance is to be in place for events sponsored/ funded by the Lloydminster Tobacco Reduction Grant, with evidence provided prior to funding.
- Groups receiving grants must publicly acknowledge the City of Lloydminster within their activities and advertising.

The following expenditures are INELIGIBLE for grants:

- Alcoholic beverages.
- Tobacco, tobacco substitutes, or vaporizers to utilized for purposes other than display/demonstration.
- Unhealthy food items such as chips, pop, and cookies (refer to the Canada's Food Guide for healthy options, www.hc-sc.gc.ca)
- Direct religious activities of religious groups or organizations, and supplies related to faith-based items.
- Projects exclusive to a specific family, business, religious or political group.
- Purchase of office equipment/furniture, computers, printers, laptops, scanners, software, gaming systems/ equipment.
- Subsidization of wages for full-time employees.
- Medical research.
- Donations.



- Construction, renovation, retrofit and repairs to buildings/facilities (this includes fixing doors, shingling roofs, installing flooring, moving/hauling dirt, etc.)
- Property taxes.

OBLIGATIONS OF GRANT RECIPIENTS

Approved programs will initially receive 60% of the grant funds. Confirmation of appropriate liability and participant's insurance for the program being funded must be provided before the initial grant installment. The remaining 40% will be distributed upon receipt of a satisfactory Project Report. Funds will be distributed to the extent they are supported by eligible receipts or financial statements.

Grant recipients must submit a Project Report upon completion of the program, including:

- A completed Community Grant Project Report Form (available on the City of Lloydminster website www.lloydminster.ca/grants).
- Copies of receipts and payroll records or audited financial statements prepared by a registered Certified Management Accountant/Certified Accountant/Certified General Accountant (CMA/CA/CGA) to verify expenditures. Payroll records must include time sheets and detailed paystubs. Note that cheque request forms, General Ledger printouts, purchase orders, petty cash vouchers, and cancelled cheques are not eligible for verification of expenses, unless supported by actual receipts.
- All eligible receipts must be dated within the grant period of **December 31, 2018**. Evidence of the direct involvement of under-represented populations in the planning, operating and evaluating of activities supported by the grant must be included.
- A description of how the City of Lloydminster were publicly acknowledged as the source of funds for the program (samples may be requested).

Complete reporting must be submitted directly to the City of Lloydminster **30 days following the end of the program or by December 31, 2018, whichever is earlier**. Any organization not submitting the required reporting may be ineligible for future grant funding administered by the City of Lloydminster. Unused funds or funds used for purposes other than what was approved must be returned.



APPLICANT INFORMATION

Legal Name of Organization:	
Operating Name: (if different from above)	
Non-Profit Number:	
Mailing Address:	
Physical Address: (if different from above)	
Telephone Number:	
E-mail Address: (if applicable)	

CONTACT INFORMATION

Primary Contact Person & Position:	
Phone Number(s):	
E-mail Address:	

ORGANIZATION OVERVIEW

Provide a **brief** overview of your organization (i.e. mission, mandate, goals, programs, etc).

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PROGRAM OVERVIEW (for which funding is being applied for)

Program Title:	
Funding Request Amount:	
Start and End Dates:	



Provide a detailed description of your program. Include objectives of the program, benefits to the participants, benefits to the community, and where the program will take place. Please provide sufficient detail to demonstrate how the program meets the objectives of the Lloydminster Tobacco Reduction Grant.

Identify the expected number of participants (i.e. per day, per week, minimum, maximum, etc.). Include information about target demographics if relevant (youth, seniors, newcomers).

Estimate how many volunteers are needed for this program and how they will be involved.

Has this program been offered in the past? If so, what have been the successes and/or challenges?



Identify partnerships with other organizations, if applicable, for this program and/or your organization.

What outcomes do you hope to achieve by offering the program? How will you evaluate the results?

How will you publicly acknowledge the City of Lloydminster as the source of funds for the program?

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Posters | <input type="checkbox"/> Word Of Mouth | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website |
| <input type="checkbox"/> Banners | <input type="checkbox"/> Speeches | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Radio Station | <input type="checkbox"/> Promotional Items | <input type="checkbox"/> Bulletin Board | <input type="text"/> |

Please include additional comments that the review committee should be aware of when reviewing your application.



PROGRAM BUDGET

Please complete the following budget for the proposed program only, including as much detail as possible.

- Identify all sources of income, including self-generated revenue, donations, fundraising, registration fees, sponsorships, grants and other funding sources.
- Identify all anticipated expenditures for the proposed program (**i.e. sports/music equipment, facility rental, facilitator/coach/contractor expense, admission fees, advertising, etc.**). Please refer to the list of eligible and ineligible expenditures and categorize each expense accordingly, and provide as much detail as possible.
- **NOTE:** Copies of receipts and payroll records or audited financial statements are required to verify expenditures. Payroll records must include time sheets and detailed paystubs.

Sources of Revenue For Proposed Program:	Dollar Amount
	\$
	\$
	\$
	\$
	\$
Total Revenue Before Saskatchewan Lotteries Grant Request	\$
Lloydminster Tobacco Reduction Grant Request (may not exceed "Eligible" Expenses below or grant maximum of \$26,450.00)	\$
Total Revenue From All Sources	\$

Expenditures for Proposed Program:	Total Program Expenses
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenditures	\$



DECLARATION

In making this application, we hereby represent to the Lloydminster Tobacco Reduction Grant and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the named organization and with the Board of Directors' full knowledge and consent. Furthermore, we agree to the following conditions:

- We have read the guidelines and agree to abide by all terms and conditions of the Lloydminster Tobacco Reduction Grant.
- Confirmation of appropriate liability and participant's insurance for the program being funded must be provided before the initial grant installment will be issued.
- We agree to publicly acknowledge the City of Lloydminster as sources of funds for the program.
- Grant funding, if approved, is based on the details provided in this application. The City of Lloydminster must be advised of any material changes to the program, and continued funding will be at the City's discretion.
- A Project Report is required **within 30 days following the end of the program or by December 31, 2018, whichever is earlier**, and is to be submitted directly to the City of Lloydminster. Any organization not submitting the required reporting may be ineligible for future grant funding administered by the City of Lloydminster. Unused funds or funds used for purposes other than what was approved must be returned.
- Late applications will not be accepted.

Official Representatives (i.e. Chairperson & Treasurer):

Name: Position:

Signature _____ Date _____

Name: Position:

Signature _____ Date _____

The personal information gathered will only be used or disclosed for the purposes for which it was collected or, in limited circumstances, in accordance with the Saskatchewan *Local Authorities Freedom of Information and Protection of Privacy Act*.