

POLICY RC(1) CAPITAL SUPPORT OF RECREATION AND CULTURAL FACILITIES APPLICATION FORM

FACILITIES THAT MAY BE CONSIDERED FOR COUNTY SUPPORT		
FACILITY CATEGORIES		
REGIONAL FACILITIES	DISTRICT FACILITIES	COMMUNITY FACILITIES
FACILITIES		
<ul style="list-style-type: none"> • Indoor/Outdoor Swimming Pools • Indoor/Outdoor Multi-Purpose Facilities • Libraries • Single or Multi-Sheet Arenas • Visual and Performing Arts Centers • Land and Servicing for above facilities 	<ul style="list-style-type: none"> • Baseball Diamonds • Community Halls • Curling Rinks • Libraries • Museums • Outdoor Rinks • Playgrounds • Single or Multi-Sheet Arenas • Skateboard Parks • Soccer Fields • Trails • Water Parks • Land and Servicing for above facilities 	<ul style="list-style-type: none"> • Baseball Diamonds • Community Halls • Libraries • Museums • Outdoor Rinks • Playgrounds • Skateboard Parks • Rural Lakeshore Areas • Trails • Land and Servicing for above facilities

Facility Categories Definitions:

Regional Facilities – facilities located in urban municipalities within or adjacent to the County that are used by residents of three or more municipalities.

District Facilities – facilities located in urban municipalities within or adjacent to the County that are primarily used by residents of that urban municipality and County residents from the surrounding area.

Community Facilities – facilities located in Lacombe County that are primarily used by Lacombe County residents.

SECTION 1 - APPLICANT PROFILE

Legal Name of Organization:	
Common Name of Organization (if different than legal name):	
Act Group is Registered Under (if applicable)	Registration No.:
Mailing Address of Applicant Organization:	
City/Town:	Postal Code:

Project Contact:		
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other
Name:		Title:
Phone:	Fax:	E-mail:
Signing Authority Contact (if different than project contact):		
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other
Name:		Title:
Phone:	Fax:	E-mail:

SECTION 2 - FACILITY/PROJECT INFORMATION: PART A

Facility/Project Name:

Facility/Project Location/Address:

Municipality:

Facility Owner/Operator:

Facility Land Title Holder:

Facility Category (pick one):

Regional

District

Community

Project Type (pick one):

New Facility Development

Current Facility Upgrade

Current Facility Maintenance

Acquisition of Land or Buildings/Land Servicing

Facility Assessment or Study

Equipment/Machinery Purchase

Lifecycle Replacement

Other (describe below)

Indicate the demographics of the user groups that do/will utilize the facility:

Children

Men

Women

Seniors

Youth

General Public

Indicate the percentage of facility users that are or will be Lacombe County residents:

Days and hours of operation of facility:

SECTION 2 - FACILITY/PROJECT INFORMATION: PART B

Describe the facility/project:

What are the community needs that the facility/project will address?

Urban municipality support – if the project/facility is located in an urban municipality, describe that municipality's level of support for the facility/project and the on-going facility operating costs:

Community Support – how was the community consulted with about the facility/project and describe the level of community support for it?

Facility Utilization:

1. How many people do you anticipate will use the facility annually? _____

2. State the anticipated prime time and non-prime time usage of the facility:

Prime Time _____ %

(4:00 p.m. – 11:00 p.m. Monday to Friday. & 7:00 a.m. – 11:00 p.m. Saturday. & Sunday)

Non- Prime Time _____ %

(7:00 a.m. – 4:00 p.m. Monday to Friday)

Operating Cost Recovery Rate:

What percentage of operating costs will be recovered through user fees and rentals? _____ %

SECTION 3 - FINANCIAL INFORMATION: PART A

Facility/Project Cost:

Item Description:	Cost:
Total	

Complete the above, however, if you wish to provide a more detailed project budget, please attach separately to this application.
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SECTION 3 - FINANCIAL INFORMATION: PART C

Other Funding Sources:	Amount (\$):	Identify Funding Terms:	Identify Funding Confirmation:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant /Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
	\$	<input type="radio"/> Grant/Donation <input type="radio"/> Loan <input type="radio"/> In-Kind	<input type="radio"/> Approval Letter Attached <input type="radio"/> Date Approval Expected:
Total	\$		

If there are more than six other funding sources, attach a complete list separately.

SECTION 3 – FINANCIAL INFORMATION – PART “D”

Cash Support Requested from Lacombe County	\$
In-Kind Support Being Requested (if applicable)	
TOTAL PROJECT FUNDING (Lacombe County + Other Sources)	
\$	

SECTION 3 - FINANCIAL INFORMATION: PART E

If you do not receive approval for all of the funding or support requested from any of the funding sources how do you plan to proceed with the project?

Describe how you plan to address the on-going operational costs of the facility:

Is your organization currently receiving operating support for the facility from Lacombe County?

Yes No

If yes, explain how do you expect the project will affect on-going operating expenses?

If your facility is not receiving operating support from the County, will you be applying for support and if so how much support will you be requesting?

SECTION 4 - SUPPORTING DOCUMENTATION

Mandatory Documents	<ul style="list-style-type: none"> • Minutes from the Organization’s meeting approving the application for Policy RC(1) support from the County • Project estimates, quotations or sources of estimates • Letters confirming project funding • Letter of support from urban municipality (for facility/project located within an urban municipality)
Other Documents That May be Required By Lacombe County	<ul style="list-style-type: none"> • Letters of support from other organizations (user groups, community organizations, school boards, etc.) • Drawings and plans • Feasibility study • Business plan

SECTION 4 - SUPPORTING DOCUMENTATION

List all documents attached to this application:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

SECTION 5 - AGREEMENT

Name of Applicant Organization (“Organization”)

The Organization declares that the information contained in this application and supporting documents (“Application”) is true and accurate and endorsed by the Organization and agrees that should this Application be approved any support is subject to the Organization complying with the terms and conditions set out below:

- a) The Organization will use the County’s support only for the stated purpose(s). Any changes to the project scope shall require prior written approval from the County.
- b) The Organization shall provide the County with a financial report of actual revenues and expenses for the project within 120 days of project completion.
- c) If the actual costs of the project are less than what the County’s support was based on, the Organization shall return to the County its proportionate share.
- d) The Organization shall publicly acknowledge the support provided by the County in a manner acceptable to Lacombe County.
- e) A funding agreement may be required to address matters including, but not limited to, ownership of the facility in the event of dissolution of the Organization, repayment of County support upon the sale of the asset constructed or purchased with County funding, etc.
- f) The information provided in this application form will be shared with Council and the appropriate County staff.
- g) The Organization acknowledges that the *Freedom of Information and Protection of Privacy Act (FOIP)* applies to records submitted by the Organization to Lacombe County in relation to the grant application, including the Application and this Agreement. These records may be disclosed in response to an access to information request under the *FOIP Act*, subject to any applicable exceptions to disclosure under the Act.

The Organization represents and warrants that the person signing is duly authorized to make the Application and is legally sufficient to bind the Organization to the Agreement.

Print Name:	Title:	Date:
Signature:		

OFFICE USE ONLY

APPROVED:	YES	NO	RESOLUTION NO.:	
TOTAL APPROVED:	\$		DATE PAID:	
NOTES and COMMENTS:				



**TOWN OF BLACKFALDS
REGULAR COUNCIL MEETING
REQUEST FOR DECISION**

MEETING DATE: January 14, 2020

ORIGINATED BY: Rick Kreklewich, Abbey Centre Manager

SUBJECT: Abbey Centre Fitness Equipment – Tender Award

BACKGROUND:

Prior to opening the Abbey Centre in 2014, Matrix fitness equipment was purchased with the expectation that it would have a life-cycling period of 5 to 6 years. We are now coming up to our sixth year of operations and need to replace our cardio equipment.

Upon completion of the capital budget approval, a Request for Proposals for new fitness equipment was developed and posted on December 2, 2019. We received four proposals from fitness companies.

- Apple Fitness \$454,070.95 (no trade-in value included)
- Fitness West \$368,559.53 (with trade-in value of \$25,000 included)
- Matrix \$351,392.81 (with trade-in value of \$17,136 included)
- Beyond the Basics \$278,339 (with trade-in value of \$10,400 included)

Matrix provided the best warranty at 5 years for parts and labor and Administration feels that the quality of the equipment is superior to the other proponents based on our experience with the equipment over the past five years and research of other offerings. Matrix has further proposed a showcase discount for our facility which would further reduce the pricing by \$10,000, making the total cost \$341,392.81 for the equipment.

The budget for equipment replacement was originally \$300,000. Administration is requesting the additional \$41,392.81 be drawn from the Abbey Centre donation operation reserve in order to purchase all the equipment requested. The balance in that reserve is currently \$973,006.

DISCUSSION:

At the January 8, 2020 Recreation, Culture and Parks Board meeting, members were in favor of accepting Matrix's bid submission in the amount of \$341,392.81.

Res 04/20

Member Poole moved to recommend naming Matrix as the winning bid for the Abbey Centre Fitness Equipment Request for Proposal with a price point of \$341,392.81.

CARRIED

Res 05/20

Member Appel moved to recommend that the needed \$41,392.81 will come from the Abbey Centre donation operation reserve to purchase the equipment from Matrix.

CARRIED UNANIMOUSLY

FINANCIAL IMPLICATIONS:

The amount of \$300,000.00 was approved in the 2020 Operational Budget as a capital item. Recommendation is to add an additional \$41,392.81 from the Abbey Centre donation operation reserve.



**TOWN OF BLACKFALDS
REGULAR COUNCIL MEETING
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RECOMMENDATION:

1. That Council move to accept the recommendation of the Recreation, Culture and Parks Board in accepting the bid from Matrix in the amount of \$341,392.81 for the purchase of the Abbey Centre Fitness Equipment.
2. And further, that Council move to accept the recommendation of the Recreation, Culture and Parks Board to utilize \$41,392.81 from the Abbey Centre donation operation reserve with the allocated 2020 capital budget allocation to supplement the funds needed above the budget allocation to purchase the equipment from Matrix.

ALTERNATIVES:

- A) That Council does not move to accept the recommendation to purchase fitness equipment from Matrix.
- B) Council send this item back to Administration for further discussion.

Attachments:

N/A

Approvals:

Section 17(1), FOIPP Act

CAO Myron Thompson

Section 17(1), FOIPP Act

Department Director/Author