

# **COUNCIL POLICY:** Shared Community Donations – Cardston County

**POLICY NUMBER: D-30-1** 

**RESOLUTION NUMBER: 2023-121** 

ADOPTED: September 10, 2019 SUPERSEDES: D-30

**REFERENCE:** Cardston County Shared Community **Donations Policy NO. FIN-P00** 

**PREPARED BY:** Chief Administrative Officer

DATE: May 24, 2019 **UPDATED:** June 6, 2023 UP FOR REVIEW: June 6, 2028

# The purpose of this policy is to:

Establish a shared community donations program between the Town and Cardston and the County.

# **Community Donation Guidelines**

The Town of Cardston (Town) and Cardston County (County) desire to establish a shared policy related to donations from the municipalities to organizations or individuals. The shared donations will be limited to those organizations that can show a shared benefit to our communities.

To ensure a consistent process for receiving applications and clear guidelines for granting donations, the Cardston County and the Town of Cardston will use the following system:

- 1) A matching maximum amount for community donations will be reserved in the Town and County's budget each year.
- 2) Each municipality will have an annual donation application deadline on or around November 1<sup>st</sup> of each year. Each municipality may refer any applications from the intake to the Joint Council Committee if either party feels this is better reviewed from a regional point of view. Applications will be reviewed by both municipalities' Administrations and will then be forwarded to the Joint Council Committee with recommendations.
- 3) A Joint Council Committee will be made up of two Council members from each municipality.

A single application will not receive a donation of more than 10% of the total budgeted community donation allotment.





TOWN POLICY

#### TITLE: SHARED COMMUNITY DONATIONS – TOWN OF CARDSTON

### **Donation Policy Area**

The shared donation policy will focus on donating to applicants from within the Town of Cardston and the fringe area around Cardston. This includes all schools, churches, non-profits, societies, etc. that will enhance the services of our communities.

Nothing mentioned within this policy restricts Cardston County or the Town of Cardston from donating to a project that falls outside of the donation policy area.





**Donation Application** 

TITLE: SHARED COMMUNITY DONATIONS – TOWN OF CARDSTON	POLICY NUMBER: D-30-1
Community Organization Information	
Community Organization:	
Address:	
Contact Name:	
Contact Phone/Cell Number:	
Event, Initiative or Activity Information	
Total Cost:	
Amount of Funding Requested:	
Other Sources of Funding:	
Please provide a general description of the event, initiative or activity's objectives:	
How will this event, initiative or activity benefit the community at-large?	



CARDSTON ALBERTA

# **Donation Application**

POLICY NUMBER: D-30-1

**TITLE: SHARED COMMUNITY DONATIONS - TOWN OF CARDSTON** 

Name: Phone/Cell Number: Date:	Please demo	nstrate the need for a community donation from The Town of Cardston:
Yes No Has your community organization received a donation from The Town of Cardston before? Yes No If yes, in what year and for what purpose was the donation made?  Applicant Information Name: Phone/Cell Number: Date:		
Yes No Has your community organization received a donation from The Town of Cardston before? Yes No If yes, in what year and for what purpose was the donation made? Applicant Information Name: Phone/Cell Number:		
Yes No Has your community organization received a donation from The Town of Cardston before? Yes No If yes, in what year and for what purpose was the donation made? Applicant Information Name:		
Yes No Has your community organization received a donation from The Town of Cardston before? Yes No If yes, in what year and for what purpose was the donation made? Applicant Information Name:		
Yes No Has your community organization received a donation from The Town of Cardston before? Yes No If yes, in what year and for what purpose was the donation made? Applicant Information Name:		
Has your community organization received a donation from The Town of Cardston before?   Yes No If yes, in what year and for what purpose was the donation made?  Applicant Information Name: Phone/Cell Number: Date:		Have you reviewed and understand The Town of Cardston's Community Donation Policy?
Yes No If yes, in what year and for what purpose was the donation made?  Applicant Information Name: Phone/Cell Number: Date:		□ Yes □ No
		Has your community organization received a donation from The Town of Cardston before?
Applicant Information         Name:		□ Yes □ No
Name: Phone/Cell Number: Date:		If yes, in what year and for what purpose was the donation made?
Name: Phone/Cell Number: Date:		
Name: Phone/Cell Number: Date:		
Name: Phone/Cell Number: Date:		
Phone/Cell Number: Date:	Applicant	Information
Date:	Name:	
	Phone/Cell Nur	nber:
Signature:	Date:	
	Signature:	
FOR OFFICE USE ONLY:		FOR OFFICE USE ONLY:
Was a donation made?		Was a donation made?
□ Yes □ No		□ Yes □ No
Donation Amount:		

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