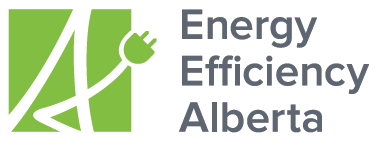
****

**Community Generation Capacity Building Program Application**

# Application for Proposed Project

The Community Generation Capacity Building (CGCB) Program provides funding to community organizations for capacity building activities related to the development of Community Generation projects as defined by the Small-Scale Generation Regulation (SSGR). This program offering is being delivered in partnership between Energy Efficiency Alberta and the Municipal Climate Change Action Centre.

***Please note that all fields are required unless otherwise specified***

All applications and supporting documents must be submitted electronically to [CGCB@efficiencyalberta.ca](mailto:CGCB@efficiencyalberta.ca) no later than **February 22, 2019 by 5 pm (Mountain Time).**

**Please note in the email subject line “CGCB Application - (Community/Organization Name).”**

**Please save this application with the following naming convention; “CGCB Application – Community/Organization Name)”.**

Each successful applicant organization must sign either a Grant Agreement with Energy Efficiency Alberta or a Participant Agreement with the Municipal Climate Change Action Centre prior to receiving any funds. These agreements can be found on the program website.

# 1.0 Organization Information

|  |
| --- |
| Incorporated/Legal Name of Organization: (must match provincial or federal incorporation name) |
| Click here to enter text. |

|  |
| --- |
| Please select under which act your organization is incorporated |
| Choose an item. |

|  |  |
| --- | --- |
| Non-profit Registration Number (if applicable) | Registration Date (if applicable) |
| Click here to enter text. | Click here to enter text. |

## 1.1 Primary Contact person

|  |
| --- |
| Contact person role |
| Click here to enter text.  Click here to enter text. |

|  |  |
| --- | --- |
| Contact person phone number | Contact Person E-mail Address |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Address |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| City | Province | Postal Code |
| Click here to enter text. | Choose an item. | Click here to enter text. |

*\*Please provide mailing address below if different:*

|  |
| --- |
| Mailing Address |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| City | Province | Postal Code |
| Click here to enter text. | Choose an item. | Click here to enter text. |

## 1.2 Signing Authority Contact Information

|  |  |  |
| --- | --- | --- |
| Name\* | Title | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

*\*Must have* [*signing authority*](#_Appendix_D_–) *for the applicant organization*

|  |  |
| --- | --- |
| E-mail | Other contact (optional) |
| Click here to enter text. | Click here to enter text. |

## 1.3 Organizational Activities Information

|  |
| --- |
| Please describe the primary mandate of your organization (max. 100 words): |
| Click here to enter text. |

|  |  |
| --- | --- |
| Please select one of the following organization types: | *Municipality* |

|  |  |  |
| --- | --- | --- |
| Please provide an overview of the primary activities undertaken by your organization as part of its mandate: | | |
| **Activity** | **Description** | **Target Group** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| Please provide the following information on your organization (estimated for 2019): | |
| Main Funding Source | Click here to enter text. |
| Secondary Funding Source(s) | Click here to enter text. |
| Region(s) of Operation (e.g. City) | Click here to enter text. |

# 2.0 Project Information

## 2.1 Project overview information

|  |
| --- |
| Project Name: |
| Click here to enter text. |

|  |  |
| --- | --- |
| Please select one of the following project types\* | Type 1: Project Development |

|  |
| --- |
| Project Summary (max. 150 words): |
| Click here to enter text. |

|  |
| --- |
| \*If your organization is undertaking **Type 1: Technical development, and/or Type 2: Partnership development activities** (see *Definition in Program Guide)*, please provide any known details about the renewable or alternative energy system planned for development, such as; renewable energy type, nameplate capacity or generation estimates, location, financing, interconnection details, project ownership details etc. |
| Click here to enter text. |

|  |  |
| --- | --- |
| Please articulate your project schedule by providing dates for project initiation and project completion, as well as dates for delivering final report. **You must also attach a detailed excel-based workplan that includes key tasks and associated dates.** | |
| **Project Dates** | **Date** |
| Project initiation Date | Click here to enter a date. |
| Project Completion Date | Click here to enter a date. |
| Final Report Due Date\* | *February 21, 2020 at 5 pm (MT)* |

***\**** *Program Staff will provide a template for the completion of your final report*

|  |  |
| --- | --- |
| [Work plan](#_Appendix_D_–) attached  **Name of Attachment** | Yes |
| Click here to enter text. |

## 2.2 Project Objectives and Outcomes

|  |  |  |  |
| --- | --- | --- | --- |
| Please outline up to three *primary* objectives for your project and how these will be achieved by your organization: | | | |
| **#** | **Project Objectives** | **Describe how this will be achieved** |
| 1 | Click here to enter text. | Click here to enter text. | |
| 2 | Click here to enter text. | Click here to enter text. | |
| 3 | Click here to enter text. | Click here to enter text. | |

|  |
| --- |
| Please describe why your organization and the associated personnel resources are well-placed to deliver the proposed project (150 words max.): |
| Click here to enter text. |

## 2.3 Project Personnel

|  |  |  |
| --- | --- | --- |
| Name of Project Manager | Title in Organization (if applicable) | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| E-mail | Other contact (optional) |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Please describe why this person is qualified to manage the proposed project (max. 150 words): |
|  |

|  |  |  |
| --- | --- | --- |
| Key project team member 1 | Title in Organization (if applicable) | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| E-mail | Other contact (optional) |
| Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Please describe relevant qualifications and experience (max. 150 words): | | |
| Click here to enter text. | | |
| Key project team member 2 | Title in Organization (if applicable) | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| E-mail | Other contact (optional) |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Please describe relevant qualifications and experience (max. 150 words): |
| Click here to enter text. |

## 2.3 Project Partners

|  |  |
| --- | --- |
| Please list any partnering organizations and their role in the budget tab. Please note whether an expense is associated with any of the partners listed here. Only Organizations listed here will be allowed to claim eligible expenses: | |
| **Partner** | **Role in Project** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| *If additional rows are needed or you wish to provide additional information regarding your partnership(s), please use the space below* | |
| Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
| Please list the anticipated products and/or services, and the supplier, needed for the project: | | |
| **Product/Service** | **What is Needed?** | **Supplier (if known)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| *If additional rows are needed, please provide this information below* | | |
| Click here to enter text. | | |

## 2.4 Community Needs and Benefits Identification

|  |  |
| --- | --- |
| Please describe the community need for this project and how this need was identified: | |
| **Description of Community Need** | **How need was identified** |
| Example: Understanding of Small-Scale Generation Regulation | Example: Feedback from Community members expressing lack of understanding, during events X, Y and Z. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| *If additional rows are needed, please provide this information below* | |
| Click here to enter text. | |

|  |  |
| --- | --- |
| Please describe your project’s target communities and how they will benefit from the proposed project: | |
| **Community or End-User** | **Benefits** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| *If additional rows are needed, please provide this information below* | |
| Click here to enter text. | |

## 2.5 Project Risks Identification

|  |  |  |
| --- | --- | --- |
| Please describe any risk factors associated with the project’s success: | | |
| **Risk Factor** | **Mitigation Strategy** | **Impact on Project (Low/Medium/High)** | |
| Example: Small Scale Generation Regulation is too complex to communicate to interested parties | Example: Hire professional facilitator with extensive experience in explaining technical topics to a layperson audience | Medium | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| *If additional rows are needed, please provide this information below* | | | |
| Click here to enter text. | | | |

## 2.6 Budget

|  |  |  |  |
| --- | --- | --- | --- |
| Please list all major project expense line items, regardless of whether they are eligible expenses, providing further detail and their eligibility for funding as necessary. This should include any products/services required to complete the project.  \****Alternatively***, you may attach a similarly detailed budget document: | | | |
| **Project Expense** | **Amount** | **Further Detail** | **Eligibility** |
| Click here to enter text. | $ | Click here to enter text. | Choose an item. |
| Click here to enter text. | $ | Click here to enter text. | Choose an item. |
| Click here to enter text. | $ | Click here to enter text. | Choose an item. |
| Click here to enter text. | $ | Click here to enter text. | Choose an item. |
| Click here to enter text. | $ | Click here to enter text. | Choose an item. |
| Click here to enter text. | $ | Click here to enter text. | Choose an item. |
| Click here to enter text. | $ | Click here to enter text. | Choose an item. |
| **Total Project Expenses** | $ |
| **Total *Eligible* Expenses** | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| \***Budget Document Attached**  **Name of Attachment** | | | Choose an item. |
| Click here to enter text. |
| Please list all expected funding sources, the funding amount requested must not exceed the eligible expenses in the table above: | | | |
| **Planned Project Funding ($)** | | **Source** | |
| $ | | Community Generation Capacity Building Program | |
| $ | | Contribution\*\*\* from applicant organization  ***(a minimum 10% of total project expenses contribution mandatory for projects seeking funding equal to or greater than $200,000)*** | |
| $ | | Click here to enter text. | |
| $ | | Click here to enter text. | |
| $ | | Click here to enter text. | |
| $ | | Click here to enter text. | |
| TOTAL | Click here to enter text. | | |
| \*\*\*Please provide description of the contribution, if any, from applicant organization to project budget | | | |
| Click here to enter text. | | | |
| Please describe why this grant funding is needed, including if and why this project will not proceed without this funding. | | | |
| Click here to enter text. | | | |

|  |
| --- |
| Please describe how the grant funds will effectively be used to meet project objectives, including description of how other funds are being leveraged to meet objectives. |
| Click here to enter text. |

# 3.0 Declaration

*This page may be printed and a signed copy attached to the application.*

I hereby acknowledge that:

|  |  |  |  |
| --- | --- | --- | --- |
|  | | I have the legal authority to bind my organization based on what is contained in this application. | |
|  | | The information contained in this application and the accompanying documents are true, accurate and complete. | |
|  | | Once an application is received, project details may be negotiated and completed by Energy Efficiency Alberta, the Municipal Climate Change Action Centre or its representatives, if required. | |
|  | | As of the date of this, the organization is not aware of any delay, circumstance, event or cause that would adversely affect the viability of the proposed project in any material way. | |
|  | | I acknowledge that this application does not guarantee the requested funds will be provided in full or in part, and that this application may be rejected based on incompleteness as well as relative merit. | |
|  | | I have read and agree to the Terms and Conditions of the Contribution Agreement provided in Appendix A (for non-municipal projects), or Appendix B (for municipal projects) and understand these terms will govern the funding should funding be approved. | |
|  | | I have read the Community Generation Program Guide and understand and agree to the program criteria and timelines. | |
|  |  | |
|  | Signature Date | |
|  | Click here to enter text. | |
|  | Printed Name, Title | |