



VITALIZATION GRANT APPLICATION FORM

Please complete Application Form and submit with all supplementary documentation as specified, to the Planning and Development Department by 4:30 p.m. on the advertised closing date.

Legal Name of Organization: _____

Address: _____

Mailing Address (if different from above): _____

Contact Person: _____

Daytime Phone: _____ Fax: _____

Email: _____

Business/organization must be located within the downtown core or along the Highway 43 corridor as per the Vitalization Grant Program Policy 61-001.

Name of Proposed Project: _____

\$ _____

Total Proposed Cost of Project
(Please attach a detailed breakdown of cost estimates)

Estimated Project Start Day

Proposed Method of Funding:			
	Vitalization Grant Requested: (Maximum 25% of total project cost)	\$	
	Business Financial Contribution / Cash:	\$	
	Other Grant Funding:	\$	
	Total Project Funding: (This figure should be the sum of the above figures and be equal to the Total Project Cost)	\$	

Note: Donated labour, services, equipment and materials are not eligible for funding under this grant.

This information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to determine eligibility and administer the Vitalization Grant Program. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-778-2273.

Please complete the following and attach supporting documentation, if necessary:

1. Project Description / Details (Detailed description of the project, expected outcomes, and how it meets the Vitalization Architectural (Wood/Stone) Theme as shown in the policy schedule.)

Building Details:			
	Total building area (in m ²)		
	Number of building faces fronting Highway 43/ downtown street		
	Total height and width of all building faces fronting Highway 43/downtown street (in m ²)		

2. Ability to Manage (Detailed description of your ability to complete the project successfully, ability to raise funds in addition to those requested from this grant, and a list of previous management of projects or activities is attached.)



Please complete the following and attach any necessary supporting documentation:

3. Project Cost and Funding.

Expense Description	Proposed Cost (without GST)	Eligible

4. Other Grant Funding (A list detailing the type of grant, source and amount of all other grant funding which has been applied for or approved for this project is included or attached.)

<p>I DECLARE THAT:</p>
<ul style="list-style-type: none"> • I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE-MENTIONED ORGANIZATION. • The information contained in this application and supporting documents is true and accurate and endorsed by the above-mentioned organization. • An allocation usage summary detailing the projects completed using the grant funding (complete with attached photographs of each project) shall be provided no later than the reporting deadline. Any grant monies awarded shall be used solely for the purpose stated within this application and according to the program parameters. • As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the Town of Whitecourt.

_____ Title

_____ Signature

_____ Work Phone # _____ Home Phone #

_____ Date

Please submit to:



Town of Whitecourt - Planning and Development
 5004 - 52 Avenue, Box 509 Whitecourt, AB T7S 1N6
 Email: planning@whitecourt.ca Fax: 780.778.4166