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.....Dfc[fUa 'Application

Legal Name of Organization:

Contact Name:

Phone #:

Fax #:

Mailing Address:

E-Mail Address:

Number of students ~~by Area~~ & ~~Area~~ organization:

Total Grant Amount Requested: \$

(Max. \$2,000 per organization per school year)

Is your application supporting an: existing program? OR new program?

Describe the current/proposed crosswalk program, and what the requested funds will be used for:

If applying for funds to implement a guard, will you be using: students? ~~OR~~ volunteers?

Note: Expenses for honorariums or wages for personnel will not be covered.

How will you recognize the Towns' contributions (e.g. through school newsletters, training material, other)?

Please send your completed application to. **Town of Whitecourt Community Services Dept.**
5004 - 52 Avenue, Box 509 Whitecourt, AB T7S 1E6
Email: administration@whitecourt.ca Fax: 780.778.2062

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 Community Crosswalk 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.