



## TOURISM ENHANCEMENT GRANT PROGRAM APPLICATION FORM

### APPLICANT CONTACT INFORMATION:

Name of Applicant Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### PROJECT INFORMATION:

Name of Project: \_\_\_\_\_

Street Address or Legal Description: \_\_\_\_\_

Registered Holder of Land Title: \_\_\_\_\_

Facility Operator/Leaseholder: \_\_\_\_\_

Nature of Project: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Total Grant Request: \$ \_\_\_\_\_

### Please complete the following checklist, and include the supporting documentation:

- Project Description/Details:** Provide a detailed description of work to be carried out, community benefit of the project, and why it should be funded. You may provide drawings, photographs, letters of local support and other supporting documentation as you see fit.
- Project Cost:** Details regarding expenditures for your project. You may attach project quotes and sources of estimates if available.
- Business & Marketing Plan:** A summary of the project objectives and details on how project activities will be implemented and promoted to meet the identified goals.
- Method of Funding:** A complete breakdown of all revenue sources and amounts.

- **Public Accessibility:** Details on who will use this facility, and how residents of the Town of Whitecourt will access the facility.
- **Financial Statement:** Your organization's latest financial statement. Please ensure the statement is dated and signed.
- **Proof of Non-Profit Status:** Please enclose proof of non-profit status with your application form.

**Submit your completed application to:**

Town of Whitecourt  
Tourism Enhancement Grant Program  
Box 509, 5004 52<sup>nd</sup> Avenue  
Whitecourt, AB T7S 1N6  
Email: [tourism@whitecourt.ca](mailto:tourism@whitecourt.ca)  
Attn: Whitecourt Economic Development Officer

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**I DECLARE THAT:**

- **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 accounting of spending, showing compliance with donations of the grant shall be provided (including a project assessment and financial accounting summary) no later than 90 days following the project completion date.
- Any grant awarded shall be used solely for the purposes stated within this application and according to 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

This information is being collected under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to determine eligibility and administer the Tourism Enhancement 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.