



TOWN OF WHITECOURT
INVESTING IN OUR COMMUNITY
PROGRAM APPLICATION FORM

APPLICANT CONTACT INFORMATION:

Name of Applicant Organization: _____

Mailing Address: _____

Contact Person: Mr./Mrs./Ms. _____

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: \$ _____

Applying for the following Investing In Our Community Program component:

- Interest Free Loan
- Extraordinary Loan

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.
- Project Funding Sources:** 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.
- Organizational Business Plan:** A plan of the project objectives and details on how project activities will be implemented to meet the identified goals (minimum five year period).
- Financial Statement:** Your organization's latest financial statement. Please ensure the statement is dated and signed.

The Town of Whitecourt may request additional information in regards to the project or organization if deemed necessary.

Submit your completed application to:

Town of Whitecourt
 Investing In Our Community Program
 Box 509, 5004 52nd Avenue Whitecourt AB T7S 1N6
 Email: administration@whitecourt.ca
 Attn: Whitecourt Town Council

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 statement s 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 Investing In Our Community 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.