



ECONOMIC RECOVERY GRANT FINAL REPORTING DOCUMENT

Schedule C

Name of Business Owner _____

Physical Business Location _____

Mailing Address _____

Legal Name of Business _____

Operating Name of Business _____

Phone _____ Email _____

Website _____

Total Grant Amount Expended _____

Total Matching Funding Contributed _____

| Expense Type | Vendor | Detail/Description | Amount* (without GST) | Eligible |
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Total

What projects were completed using grant funds?

How did the Economic Recovery Grant program assist with this project?

*Original receipts are required to accompany this form.
Final reporting documents are due within 90 days of project completion.

Please submit to: *Town of Whitecourt, Attn: Economic Development Officer
5004 - 52 Avenue, Box 509 Whitecourt, AB T7S 1N6
Email: rhondahough@whitecourt.ca*

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| <p>For Town Use Only Approved eligible expenses \$ _____ Signature _____ Date _____</p> |
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