

TOURISM PRODUCT DEVELOPMENT 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: \$ T	otal Grant Request: \$
Please complete the following che documentation:	cklist, and include the supporting
carried out, community benefit of the summary of the project objectives and implemented to meet the identified	de a detailed description of work to be project, and why it should be funded. A d details on how project activities will be d goals. You may provide drawings, and other supporting documentation as

□ **Project Cost:** Details regarding expenditures for your project. You may attach project quotes and sources of estimates if available.

Budget: Provide details of revenues and expenditures for the proposed tourism development product or service.
 Public Accessibility: Details on who will use this product and how residents of the Town of Whitecourt may benefit.
 Tourism Benefits: Provide details on how your project will increase tourism

in the area and how many people the project could potentially attract.

Submit your completed application to:

Town of Whitecourt

Re:Tourism Product Development Grant Program Box 509, 5004 52nd Avenue Whitecourt AB T7S 1N6

Email: tourism@whitecourt.ca

Attn: Whitecourt Economic Development Officer

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 Phon	ie 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 Product Development 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.