

## TOURISM PRODUCT DEVELOPMENT GRANT PROGRAM FINAL REPORTING FORM – SCHEDULE C

APPLICANT	CONTACT INFORMA	TION:		
Legal Name o	of Business/Organizati	on:		
Operating Na	me of Business/Organ	ization (if different from above):		
Name of Con	tact Person:			
Business/Org	anization Physical Add	dress:		
Business/Org	anization Mailing Addı	**Cess (if different from above):		
Phone:		Email:		
EXPENSE IN	FORMATION:			
EXPENSE TYPE	VENDOR/PRODUCT	DETAILS/DESCRIPTION	AMOUNT (EXCLUDE GST)	ELIGIBLE (TOWN USE ONLY)
				,
TOTAL				
WHAT PROJ	ECTS WERE COMPL	ETED USING GRANT FU	JNDS?	

WHAT IMPACT DID THE TOURISM PRODU HAVE ON YOUR PROJECT?	UCT DEVELOPMENT GRANT PROGRAM
Submit your completed form to:  Town of Whitecourt Re: Whitecourt Tourism Product Development Grant Program Box 509, 5004 52 <sup>nd</sup> Avenue Whitecourt AB T7S 1N6 Email: tourism@whitecourt.ca Attn: Whitecourt Economic Developme *Note that original receipts must accomwithin 90 calendar days of project com	npany this form. Final receipts are due
Print Name:	Date:
Signature:	
TOWN USE ONLY	
Approved Eligible Expenses:	
Print Name:	Date:
Signature:	

The personal information collected through the Whitecourt Tourism Product Development Grant Program is for the purpose of processing applications, including eligibility, review, and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Town of Whitecourt Administration Office at administration@whitecourt.ca or 780-778-2273.