

COMMUNITY CROSSWALK GRANT EXPENSE FORM

SUBMIT COMPLETED FORM TO THE COMMUNITY SAFETY DEPARTMENT, TOWN OF WHITECOURT 5004 52 AVE, PO BOX 509, WHITECOURT, AB T7S 1N6 OR KRISTEN.MCLEOD@RCMP-GRC.GC.CA

CONTACT INFORM NAME OF ORGANIZATION					
PHYSICAL ORGANIZA	TION ADDRESS:				
MAILING ORGANIZAT	ION ADDRESS (If different	from above):			
CONTACT PERSON NA	AME:				
CONTACT PERSON TIT	ri E·				
			T		
CONTACT PERSON PHONE NUMBER:			CONTACT PERSON EMAIL ADDRESS:		
EXPENSE TYPE	VENDOR	DETAI	ILS/DESCRIPTION	AMOUNT	FUNDING
EXPENSE TIPE	VENDOR	VENDOR		(EXCLUDE GST)	GRANTED (OFFICE USE ONLY)
					(OFFICE USE OINLY)
TOTAL:					
	are required to accomp	any this form. I	Final reporting documen	ts are due June 30 of ea	 ch calendar vear.
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TOWN USE ONLY					
APPROVED ELIGIBLE I	EXPENSE AMOUNT (\$):				
IGNATURE:					
DATE:					

The personal information collected through the Community Crosswalk 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.