



COMMUNITY CROSSWALK GRANT APPLICATION 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 INFORMATION

NAME OF ORGANIZATION:

NUMBER OF STUDENTS AT ORGANIZATION:

PHYSICAL ORGANIZATION ADDRESS:

MAILING ORGANIZATION ADDRESS *(If different from above):*

CONTACT PERSON NAME:

CONTACT PERSON TITLE:

CONTACT PERSON PHONE NUMBER:

CONTACT PERSON EMAIL ADDRESS:

PROPOSED/CURRENT CROSSWALK PROGRAM INFORMATION

IS YOUR APPLICATION SUPPORTING A:

☐ EXISTING PROGRAM

☐ NEW PROGRAM

DESCRIBE THE CURRENT/PROPOSED CROSSWALK PROGRAM, AND WHAT THE REQUESTED FUNDS WILL BE USED FOR:

IF APPLYING FOR FUNDS TO IMPLEMENT A CROSSWALK GUARD, WILL YOU BE USING:

Expenses for honorariums/wages for Personnel will not be covered.

☐ STUDENTS

☐ VOLUNTEERS

TOTAL GRANT AMOUNT REQUESTED (\$):

HOW WILL YOU RECOGNIZE THE TOWN'S CONTRIBUTIONS?

e.g. through Social Media, School Newsletter, Training Documents, etc.

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 adminsitrarion@whitecourt.ca or 780-778-2273.