



CONTACT INFORMATION	
NAME OF BUSINESS:	
PHYSICAL BUSINESS ADDRESS:	
CONTACT PERSON NAME:	
CONTACT PERSON TITLE:	
CONTACT PERSON PHONE NUMBER:	CONTACT PERSON EMAIL ADDRESS:
AMOUNT OF FUNDING ALLOCATED (\$):	DATE PROJECT WAS COMPLETED:
SIGNATURE:	

*PLEASE INCLUDE PHOTOS OF YOUR COMPLETED PROJECTS ON THE BACK OF THIS SUMMARY.*

*PLEASE BE SPECIFIC.*

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The personal information collected through the Vitalization 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](mailto:administration@whitecourt.ca) or 780-778-2273.