



VITALIZATION GRANT APPLICATION FORM

SUBMIT COMPLETED FORM TO THE PLANNING & DEVELOPMENT DEPARTMENT
BY 4:30PM ON THE ADVERTISED CLOSING DATE TO:
5004 52 AVE, PO BOX 509, WHITECOURT, AB T7S 1N6 OR PLANNING@WHITECOURT.CA

CONTACT INFORMATION

NAME OF BUSINESS:

PHYSICAL BUSINESS ADDRESS:

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

CONTACT PERSON NAME:

CONTACT PERSON TITLE:

CONTACT PERSON PHONE NUMBER:

CONTACT PERSON EMAIL ADDRESS:

PROPOSED PROJECT INFORMATION

YOUR BUSINESS MUST BE LOCATED WITHIN THE DOWNTOWN CORE, OR ALONG THE HIGHWAY 43 CORRIDOR AS PER POLICY 61-001.

NAME OF PROPOSED PROJECT:

TOTAL PROPOSED COST OF PROJECT *(PLEASE ATTACH A DETAILED BREAKDOWN OF COST ESTIMATES):*

ESTIMATED PROJECT START DAY:

PROPOSED METHOD OF FUNDING

NOTE: DONATED LABOUR, SERVICES, EQUIPMENT, AND MATERIALS ARE NOT ELIGIBLE FOR FUNDING UNDER THIS GRANT.

VITALIZATION GRANT REQUESTED:

(Up to a maximum of 25% of total project cost.)

\$

BUSINESS FINANCIAL CONTRIBUTION/CASH:

\$

OTHER GRANT FUNDING:

\$

TOTAL PROJECT FUNDING:

(This figure should be the sum of the above figures, and be equal to the total proposed cost of project.)

\$

PROJECT DESCRIPTION & DETAILS

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROJECT, EXPECTED OUTCOMES, AND HOW IT MEETS THE VITALIZATION ARCHITECTURAL (WOOD/STONE) THEME AS OUTLINED IN POLICY 61-001.

BUILDING DETAILSTOTAL BUILDING AREA (IN M²):NUMBER OF BUILDING FACES FRONTING HIGHWAY
43/DOWNTOWN STREET:TOTAL HEIGHT AND WIDTH OF ALL BUILDING FACES FRONTING
HIGHWAY 43/DOWNTOWN STREET (IN M²):**PROJECT MANAGEMENT**

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR ABILITY TO COMPLETE THE PROJECT SUCCESSFULLY, ABILITY TO RAISE FUNDS IN ADDITION TO THOSE REQUESTED FROM THIS GRANT, AND A LIST OF PREVIOUS MANAGEMENT OF PROJECTS OF ACTIVITIES (IF APPLICABLE).

PROJECT COST AND FUNDING

EXPENSE DESCRIPTION

PROPOSED COST (WITHOUT GST)

ELIGIBLE (OFFICE USE ONLY)

OTHER GRANT FUNDING

PLEASE LIST ANY ADDITIONAL GRANT FUNDING YOU ARE RECEIVING FOR THIS PROJECT(S), INCLUDE THE TYPE OF GRANT, SOURCE, AND AMOUNT.

BY CHECKING THE FOLLOWING STATEMENTS, I ACKNOWLEDGE:

<input type="checkbox"/>	I AM A DULY AUTHORIZED REPRESENTATIVE, HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE-MENTIONED BUSINESS.
<input type="checkbox"/>	THE INFORMATION CONTAINED IN THIS APPLICATION, AND SUPPORTING DOCUMENTS, ARE TRUE, ACCURATE, AND ENDORSED BY THE ABOVE-MENTIONED BUSINESS.
<input type="checkbox"/>	AN ALLOCATION USAGE SUMMARY DETAILING THE PROJECTS COMPLETED USING THE GRANT FUNDING (COMPLETED WITH ATTACHED PHOTOGRAPHS OF EACH PROJECT), SHALL BE PROVIDED NO LATER THAN THE REPORTING DEADLINE. ANY GRANT MONIES AWARDED SHALL BE USED SOLELY FOR THE PURPOSE STATED WITHIN THIS APPLICATION, AND ACCORDING TO THE PROGRAM PARAMETERS.
<input type="checkbox"/>	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.

SIGNING

First and Last Name:

Title:

Signature:

SUBMISSION & CONTACT INFORMATION

Town of Whitecourt
Attn: Planning & Development Department
RE: Vitalization Grant Program
5004 52 Avenue, PO Box 509
Whitecourt, Alberta T7S 1N6

Email: planning@whitecourt.ca

Phone: 780-778-2273

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