



**WHITECOURT BUSINESS  
LAUNCH PROGRAM  
FINAL REPORTING FORM – SCHEDULE B**

**APPLICANT CONTACT INFORMATION:**

Legal Name of Business: \_\_\_\_\_

Operating Name of Business *(if different from above)*: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address *(if different from above)*: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

**EXPENSE INFORMATION:**

EXPENSE TYPE	VENDOR/PRODUCT	DETAILS/DESCRIPTION	AMOUNT <i>(EXCLUDE GST)</i>	ELIGIBLE <i>(TOWN USE ONLY)</i>
TOTAL				

**WHAT BUSINESS DEVELOPMENT PROJECTS WERE COMPLETED USING GRANT FUNDS?**

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**WHAT IMPACT DID THE BUSINESS LAUNCH PROGRAM HAVE ON YOUR BUSINESS DEVELOPMENT PROJECT(S), AND HOW DID THIS PROGRAM STIMULATE BUSINESS RETENTION, GROWTH, AND EXPANSION?**

**Submit your completed form to:**

Town of Whitecourt  
Re: Whitecourt Business Launch Program  
Box 509, 5004 52<sup>nd</sup> Avenue  
Whitecourt AB T7S 1N6  
Email: [ecdev@whitecourt.ca](mailto:ecdev@whitecourt.ca)  
Attn: Whitecourt Economic Development Officer

\*Note that original receipts must accompany this form. Final receipts are due within 30 calendar days of project completion.

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Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**TOWN USE ONLY**

Approved Eligible Expenses: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The personal information collected through the Whitecourt Business Launch 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.