

Town of Mayerthorpe

Policy Manual
Section: Economic Development
Procedure: VIII-002.1

PROCEDURE: Vitalization Grant Program
PROCEDURE NO.: VIII-002.1
APPROVAL: CAO
EFFECTIVE DATE

Please complete the Application Form and submit, with all supplementary documentation as specified, to the Economic Development Board.

Legal Name of Business _____
Cheque Payable To _____
Street Address _____
Mailing Address _____
Contact Person _____
Daytime Phone _____ Fax _____
EMail _____

The business must be located within the Town's Commercial districts.

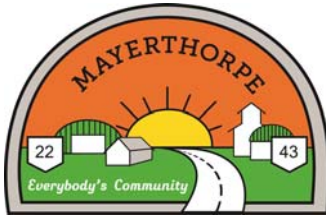
Name of Proposed Project _____

\$ _____
Total Proposed Cost of Project Estimated Project Start Day

(Please attach a detailed breakdown of cost estimates)

Proposed Method of Funding:
Vitalization Grant Requested: \$ _____
(Max. 25% of total project cost)
Business Financial Contribution: \$ _____
Other Grant Funding: \$ _____
Total Project Funding: \$ _____

Note: Donated labour, services, equipment, and materials are **NOT** eligible for funding under this grant.



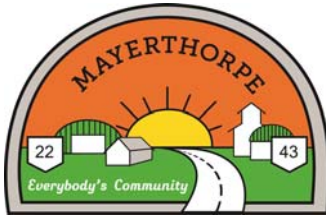
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Please complete the following and attach any necessary supporting documentation.

Expense Description	Proposed Cost (Excluding GST)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other grant funding (A list detailing the type of grant, source, and amount of all other grant funding which has been applied for or approved for this project is included or attached).



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I DECLARE THAT:

-I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE-MENTIONED ORGANIZATION

- The information contained in this application and supporting documents is true and accurate and endorsed by the above-mentioned organization.
- An allocation usage summary detailing the projects completed using the grant funding shall be provided no later than 6 months after the completion of the project. Any grant monies awarded shall be used solely for the purpose stated within this application and according to the program parameters.
- 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 Mayerthorpe.

Print Name

Title

Signature

Work Phone #

Home Phone #

Date _____

Submit to: Town of Mayerthorpe
Box 420, Mayerthorpe, AB T0E 1N0
e-mail: edo@mayerthorpe.ca

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