

# **Policy Manual**

**Section:** Economic Development

**Procedure:** VIII-001.1

**PROCEDURE:** Tourism Enhancement Grant Program

**PROCEDURE NO.:** VIII-001.1 APPROVAL: CAO

**EFFECTIVE DATE:** January 9, 2012

### **TOURISM ENHANCEMENT GRANT APPLICATION FORM**

## **APPLICANT CONTACT INFORMATION:**

Name of Applicant/Organization		
Mailing Address		
Contact Person: Mr./Mrs./Ms		
Home PhoneWork Number		
Fax Number		
E-Mail Address		
PROJECT INFORMATION		
Name of Project		
Street Address or Legal Description		
Registered Holder of Land Title		
Facility Operator/Leaseholder		
Nature of Project		
Total Project Cost(Please attach a detailed breakdown of cost estimates)		



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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.

Signature		
Print Name		
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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