



# Town of Mayerthorpe

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 Phone Number \_\_\_\_\_ Work 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 \_\_\_\_\_



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**Please complete the following checklist and include the supporting documentation:**

\_\_\_ **Project Description/Details:** provide a detailed description of work to be carried out, community benefit of the project, and why it should be funded. You may provide drawings, photographs, letters of local support, and other supporting documentation as you see fit.

\_\_\_ **Project Cost:** Details regarding expenditures for your project. You may attach project quotes and sources of estimates, if available.

\_\_\_ **Business Plan:** A summary of the project objectives and details on how the project activities will be implemented to meet the identified goals.

\_\_\_ **Method of Funding:** A complete breakdown of all revenue sources and amounts.

\_\_\_ **Public Accessibility:** Details on who will use this facility and how residents of the Town of Mayerthorpe will access the facility.

\_\_\_ **Financial Statement:** Your organization's latest financial statement. Please ensure that the statement is dated and signed.

\_\_\_ **Proof of Non-Profit Status:** Please enclose proof of non-profit status with this application.

**Submit your completed application to:**

Economic Development Board  
Tourism Enhancement Grant Program  
Box 420  
Mayerthorpe, Alberta T0E 1N0  
Att'n: Economic Development Assistant



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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 accounting of spending, showing compliance with donations of the grant, shall be provided (including a project assessment and financial accounting summary) no later than 6 months following the project completion date.

Any grant awarded shall be used solely for the purposes stated within this application and according to 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 \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Personal information is collected pursuant to Sections 39-40 of the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of obtaining information for a Tourism Grant application. Please note certain information including, but not limited to, the applicant's name, address, and telephone number may be disclosed in accordance with sections 39-40 of FOIP. If you require additional information contact the FOIP coordinator at 780-786-2416.