

Applicant Information

Name of Organization _____

Mailing Address _____

Town _____ Province _____ Postal Code _____

****All cheques will be addressed to the organization and mailed to the above address**

Contact Information

Primary Contact _____ Title _____

Daytime Phone _____ E-mail _____

On an attached sheet:

Explain how the individual or group progressed to the competition or activity, what level the competition is, where the group is going and for how long.

Explain how many people will benefit from this grant. List the number and age of participants (Include a breakdown of residence locations of members and coaching/management staff)

Declaration

Name of Organization _____

The Organization declares that:

The information contained in this application and supporting documents is true and accurate and endorsed by the Organization.

The Organization will apply all grant monies to the stated competition or activity.

Following receipt of the grant and completion of the competition or activity, the Organization will report the results to Westlock County.

The Organization warrants that the person signing is duly authorized to make the Application.

Signature of Authorized Representative _____ Date _____

Name of Authorized Representative _____ Title _____

The Organization acknowledges that the Freedom of Information and Protection of Privacy Act (FOIP) applies to records submitted by the Organization to the County in relation to the grant application, including the Application and this Agreement. These records may be disclosed in response to an access to information request under the FOIP act, subject to any applicable exceptions to disclosure under the Act.