



# Town of Fort Macleod

BOX 1420, FORT MACLEOD, ALBERTA, CANADA TEL: (403)553-4425 FAX (403)553-2426 WWW.FORTMACLEOD.COM

## COMMUNITY DEVELOPMENT APPLICATION FORM DEADLINE: November 1, 2016 for projects or programs

### APPLICATION INFORMATION

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### PROJECT OVERVIEW

Project name: \_\_\_\_\_  
Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_  
Provide a brief description of your program, project or community event and its purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount requested \$ \_\_\_\_\_

Indicate how your proposed program, project or event will provide services and benefits to the community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DECLARATION

On behalf of the Applicant Organization, we hereby represent, warrant and certify the following:

- (a) That the information contained in this application reflects an accurate description of the estimated costs associated with the related project, program or community event;
- (b) That the information contained in this application is true and correct;

\_\_\_\_\_  
Signature of Authorized Representative  
(on behalf of Organization)

\_\_\_\_\_  
Signature of Witness Position

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

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