



10511 – 103 Street
 High Level, AB
 T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899

Vitalization Grant

Application Form

Please complete the application form and submit to the Development Department with all supplementary documentation as specified. **Business/organization must be located within the core as per the Vitalization Program Policy #266-21**

Legal Name of Organization	
Address	Mailing Address (If Different)
Address: City/Town: Province: Postal Code:	Address: City/Town: Province: Postal Code:
Contact Person	Email
Daytime Phone	Fax

Name of Project	
Total Proposed Cost of Project (Please attach a detailed breakdown of cost estimates)	Estimated Project Start Date
\$	
Vitalization Grant Requested: (Maximum 50% of total cost up to \$20,000)	
\$	

Note: Donated Labour, services, equipment and materials are not eligible for funding under this grant.



TOWN OF

HIGH LEVEL

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Please complete the following and attach supporting documentation, if necessary:

1. Project Description/Details - detailed description of the project, expected outcomes, and how it meets the Design Guidelines as shown in the policy schedule)

2. Ability to Manage - detailed description of your ability to complete the project successfully, ability to raise funds in addition to those requested from this grant, and a list of previous management of projects or activities is attached

3. Project Cost and Funding

Expense Description	Proposed Cost (without GST)	Eligible



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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 (complete with attached photographs of the project) shall be provided prior to an inspection request. Any grant monies awarded shall be used solely for the purpose stated within this application and according to the program parameters and may be adjusted based on completion of the project.
- As a condition of accepting financial assistance, access to all financial statements and record shaving any connection with monies received is hereby granted to the Town of High Level.
- The Town requires notification by October 31, of the application year, if the project will not be completed by the end of the fiscal year (December 31).

Print Name	Signature
Title	Work Phone Number

Please submit to:

Development Department
10511 – 103 Street High Level, AB T0H 1Z0
Ph: 780-926-2201 | F: 780-926-2899
development@highlevel.ca

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.