



MUNICIPAL DISTRICT OF GREENVIEW No. 16

Grant Application

Financial Assistance for Achievement Recognition

Application is hereby made to the Municipal District of Greenview No. 16 for a grant to be awarded to:

Name: _____

Address: _____

Street / Box No.

City and Postal Code

This application is being made in accordance with the M.D. of Greenview's "Financial Assistance for Achievement Recognition" Policy.

The achievement level I/we have reached is:

The level of competition I/we will be participating is (provincial, national, international):

The area/district/team I/we will be representing is:

The amount of grant I/we am/are seeking is: \$ _____

Financial information (to be supplied by the applicant):

Income Sources	Amount	Expenses	Amount
Donations		Registration	
Sponsorship		Travel	
		Meals	
		Accommodation	

Names of Participants	Residency (Greenview, Town, etc.)

I/we hereby agree to the following terms and conditions of receiving a grant for this purpose: The grant shall be used only for those purposes for which the application was made. If the original application purpose is altered in any way, the applicant will inform the M.D. immediately. Evidence of expenditures to the satisfaction of the M.D. will be provided upon request. I/we agree to submit an evaluation of the achievement upon completion. Any unexpended funds will be refunded to the M.D.

AGREED TO THIS ____ day of _____, _____

Signature of Applicant(s)

Any personal information that the M.D. of Greenview may collect on this form is in compliance with Section 32 of the Freedom of Information and Protection of Privacy Act, and is required for the purpose of carrying out an operating program or activity of the Municipality, in particular for the purpose of our grant program. If you have any questions about the collection, please contact the Freedom of Information and Protection of Privacy Records Management Administrative Support Staff at 780.524.7600.