

COUNTY OF MINBURN NO. 27 COMMUNITY INVESTMENT PROGRAM APPLICATION FORM

4909-50 Street, Vegreville, AB, T9C 1R6 Phone: 780-632-2082

Date:	_		neps.//www.minbarneouncy.ab.ca
Organization Name:			
Mailing Address:Street and number		Town	Postal Code
Contact Person:			
Phone Number:	Email Address:		
What is the nature of your	group?		
	zens Group of citiz Registered cl	zens who meet regularly harity	Registered society Municipality
Name of Event/Project: Date of Event (if applicable):			
Are you requesting financ County promo items, etc.)		ndicate value) or an in-kin	
 Number of local residents served Number of local volunteers Mitigation of barriers to services for people with mental and physical disabilities and minority groups Level of involvement with other community partners Indicate who can participate Explanation of how the County's support will be recognized for this event/project Not required for requests under \$1,000 Total projected expenditure related to this request: \$			
I certify that the information provided on this application form is correct, to the best of my knowledge, and that I am authorized to act on behalf of the organization.			
Position/Capacity:	Date:		
Before you submit, confirm	n that your have comp	pleted these steps:	
Ensure that your pr Application form Letter of Request	oject/event conforms	to County of Minburn Police	y AD 1019-01
	C	OFFICE USE ONLY	
CAO Approval:		Date:	