

COUNTY OF MINBURN NO. 27 COMMUNITY INVESTMENT PROGRAM APPLICATION FORM

Box 550, 4909-50 Street, Vegreville, AB, T9C 1R6 Phone: 780-632-2082

Date:			ntcps.//www.mmburncounty.ab.ca
Organization Name:			
(Payment will be issued in thi	s name)		
Mailing Address:		<u> </u>	
Street and number		Town	Postal Code
Contact Person:			
Phone Number:	Email A	ddress:	
What is the nature of your gro	oup?		
Ad Hoc group of citize Non-profit group	ens Group of citizens Registered chari	s who meet regularly ty	Registered society Municipality
Name of Event/Project:		Date of Event (if applicable):	
Are you requesting financial items, etc.):			onation (gift basket, County promo
 Level of involvement Indicate who can part Explanation of how th Not required for requests under \$1,000	to services for people with with other community part cicipate e County's support will be Total projected revenue Total projected expendit provided on this application	recognized for this ever related to this request ure related to this requ	ent/project : \$ uest: \$ e best of my knowledge, and that I am
Print Full Name: Signature:			
Position/Capacity:	osition/Capacity: Date:		
these steps:	plication to planning@m ect/event conforms to Cou		, confirm that you have completed
OFFICE USE ONLY			
CAO Approval:		Date:	