

COUNTY OF MINBURN NO. 27 COMMUNITY INVESTMENT PROGRAM APPLICATION FORM

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

Date:	_		https://www.minburncounty.ab.ca
Organization Name:			
Mailing Address:Street an	d number	Town	Postal Code
Contact Person:			
Phone Number:	Email Address:		
What is the nature of your	group?		
Ad Hoc group of citizens Group of citizens Non-profit group Registered chari			Registered society Municipality
Name of Event/Project:		Date of Ev	ent (if applicable):
		indicate value) or an in-kin	
 Number of local reside Number of local volun Mitigation of barriers Level of involvement Indicate who can part 	ents served teers to services for people with other community picipate e County's support will Total projected rev	l be recognized for this event/p	ities and minority groups roject : \$ uest: \$
I certify that the information and that I am authorized to		application form is correct, to e organization.	the best of my knowledge,
Print Full Name:		Signature:	
Position/Capacity:	Date:		
Before you submit your completed these steps:	application to <u>plar</u>	nning@minburncounty.ab.	.ca, confirm that you have
Ensure that your pr Application form Letter of Request	oject/event conform	s to County of Minburn Polic	y AD 1019-01
		OFFICE USE ONLY	
CAO Approval:		Date:	