

## COUNTY OF MINBURN NO. 27 COMMUNITY INVESTMENT PROGRAM APPLICATION FORM

Box 550, 4909-50 Street, Vegreville, AB, T9C 1R6 Phone: 780-632-2082 https://www.minburncounty.ab.ca

Date:			neps.//www.minbarneouncy.ab.ca
Organization Name:			
Mailing Address:Street and	l number	Town	Postal Code
Contact Person:			
Phone Number:	Email Address:		
What is the nature of your	group?		
<del>-</del> .	ens Group of citizens Registered charity		Registered society Municipality
Name of Event/Project:		Date of Event (if applicable):	
Are you requesting <b>financi</b> County promo items, etc.):			
<ul> <li>Level of involvement w</li> <li>Indicate who can partice</li> <li>Explanation of how the Not required for requests under \$1,000</li> <li>I certify that the informatio</li> </ul>	Inteers s to services for people with mental and physical disabilities and minority groups t with other community partners		
Print Full Name:		Signature:	
Position/Capacity:	Date:		
completed these steps:			.ca, confirm that you have
Application form  Letter of Request	ject/event conforms to Co	ounty of Minburn Policy	y AD 1019-01
	OFFIC	E USE ONLY	
CAO Approval:	Date:		