



Flagstaff County Cemeteries Assistance Grant Program APPLICATION FORM

Applicant Information		
Organization Name:		
Cemetery Name:		
Cemetery Legal Land Owner:		
Cemetery Legal Land Location:		
Mailing Address:		Postal Code:
Contact Person:	Position:	Phone:
Email:		
Societies Act/Cemeteries Act Incorporation Number:		

Applicant Agreement	
<p>The Applicant agrees that:</p> <ul style="list-style-type: none"> ▪ You have read and agreed to the Flagstaff County Cemeteries Assistance Grant Program Application Guidelines; ▪ The information in this document is true and accurate; ▪ Any funds granted must be used solely for the eligible expenses listed in the Application Guidelines; 	
Name of Applicant (Organization Name):	
Name (print):	Signature:
Title:	Date:

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive a grant. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and may become public information. Questions regarding the collection of this information can be directed to the FOIP Coordinator at (780) 384-4100.

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For Office Use Only:	
Meets Criteria:	Society Status Confirmed:
Approval Date:	Date Grant Paid: