



Tourism Assistance Grant Application Form

* Refer to Policy #CP 018 found at <https://www.flagstaff.ab.ca/council/policies/>

Registered Name

Mailing Address **Society/Registration #**

Town **Postal Code**

Primary Contact **Email**

Organization Mandate

Organization Sustainability

2021 Revenue (actual)	\$	2021 Expenses (actual)	\$
2022 Revenue (actual)	\$	2022 Expenses (actual)	\$
2023 Revenue (actual)	\$	2023 Expenses (actual)	\$
2024 Revenue (projected)	\$	2024 Expenses (projected)	\$

Stream **Length of Term**

Current ongoing initiative	One-time event	1 year	3 years
New ongoing initiative	enhancement	2 years	One-time

Project Name

Project Description (include start date, end date and location)



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Identify and describe the outcome that your project will achieve

Supports tourism development in the region that can be shown to benefit the local business community

Promotes and enhances the profile of Flagstaff County as a tourism, shopping or business destination

Supports events that can be proven to have true potential for bringing increased non-resident or tourist spending into the region

Enhances tourism deliverables that can reasonably expect to increase the number of visitors to Flagstaff County

Promotes and assists in the development of self-sustaining tourism in Flagstaff County

**Complete the following if you are applying for a one-time event*

Expected Participation Numbers		Duration of Event	
1-49	100-199	6+ hours/day	3 days
50-99	200+	2 days	4 or more days
Distance Participants Travelling From		Estimated Number of Participants	
Local (within 50 kms)	Provincial	Total	% from County
Regional (within 200 kms)	Multi-Provincial		

Describe any future goals of your organization as they relate to tourism.

How can Flagstaff County better support your organization?



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Budget

Project Revenue	
Federal Government Funding	\$
Provincial Government Funding	\$
Non-Government Funding	\$
Requested Contribution from Flagstaff County	\$
Total Revenue	\$

Project Expenses	
Labour	\$
Equipment	\$
Supplies and Materials	\$
Contracted Services	\$
Other:	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Expenses	\$

Declaration

- ⇒ The Organization declares that the information contained in this application and any supporting documents is true, accurate and endorsed by the Organization.
- ⇒ The Organization agrees to submit an outcomes report and financial summary of the project prior to November 1st for each fiscal year that Flagstaff County allocated funding to the project.
- ⇒ The Organization understands and agrees that should this application be approved, all funding awarded is subject to the Organization complying with all associated guidelines and policies.

Signature: _____ Date: _____

I, _____ attest that I am duly authorized to make this application and bind
Print Name
 the Organization to the agreement and grant criteria as approved by Flagstaff County.