

## **Tourism Assistance Grant** Application Form

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

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

Refer to Folicy #GF 010 lourid at http:	s.//www.iiaystaii.ab.ca/coi	uricii/policies/	
Registered Name			
Mailing Address		Society/Registration #	
Town		Postal Code	
Diameter Countries		Em. 9	
Primary Contact		Email	
Organization Mandate			
Organization Mandate			
Organization Sustainability			
Organization odstaniasmty		1	
2022 Revenue (actual)	\$	2022 Expenses (actual)	\$
2023 Revenue (actual)	\$	2023 Expenses (actual)	\$
` ,			
2024 Revenue (actual)	\$	2024 Expenses (actual)	\$
2025 Revenue (projected)	\$	2025 Expenses (projected)	\$
Stream		Length of Term	
O Current ongoing initiative	One-time event	O 1 year	O 3 years
New ongoing initiative	enhancement	2 years	One-time
O New Origonia initiative	GIIIAIICEIIIEIIL	2 years	One-une
Project Name			
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Identify and describe the ou	tcome that your proje	ect will achieve	
Supports tourism developr community	nent in the region that o	can be shown to benefit the	e local business
Promotes and enhances the destination	ne profile of Flagstaff C	ounty as a tourism, shoppi	ng or business
Supports events that can be tourist spending into the re		potential for bringing increa	sed non-resident or
Enhances tourism delivera	bles that can reasonab	oly expect to increase the n	umber of visitors to
Promotes and assists in th	e development of self-s	sustaining tourism in Flagst	aff County
*Complete the following if y			
Expected Participation Num	_	Duration of Event	
□1-49 □50-99	□100-199 □200+	☐ 6+ hours/day ☐ 2 days	☐ 3 days ☐ 4 or more days
<b>Distance Participants Trave</b>	lling From	<b>Estimated Number of P</b>	articipants
☐Local (within 50 kms) ☐Regional (within 200 kms)	☐Provincial ☐Multi-Provincial	Total	% from County
Describe any future goals o	f vour organization of	s thou relate to tourism	

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

How can Flagstaff County better support your organization?



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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 Organ	nization to the agreement and grant criteria as approved by Flagstaff County.