



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:		

Project Description	
Amount Requested: \$	Total Project Expense: \$
Project Summary Please describe the project details.	

Project Budget	
Expenditures:	Amount:
Total Expenses	\$

Applicant Agreement	
The Applicant agrees that: <ul style="list-style-type: none"> ▪ The information in this document is true and accurate; ▪ A follow up form will be submitted to the County within sixty (60) days of project completion, and no later than four (4) years after receiving funds; ▪ Any funds granted must be used solely for the purposes stated within this application; 	
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.

For Office Use Only:	Previous Grants: Yes ____ No ____
Meets Criteria:	Previous Grant Dates:
Approval Date:	Previous Grant Closed:
Signature:	Eligibility Date:
Date Grant Paid:	Society Status: