COUNTY OF WETASKIWIN NO. 10 CEMETERY OPERATING ASSISTANCE GRANT



BUDGET APPLICATION FOR JAN. 1st – DEC. 31st, 2025

Please provide the official name of Cemetery as well as the Cemetery's mailing address below. This will ensure that when the cheque is processed that it will have the correct name and address for deposit and mailing purposes. Thank you for your help.

NAME OF CEM	METERY:			
NAME OF CHU	JRCH/GROUP:			
CONTACT PER	RSON/S:			
MAILING ADDRESS:			POSTAL CODE:	
EMAIL ADDRE	SS:	PHONE #:		
CEMETERY LE	EGAL DESCRIPTION:			
Number of Occ	cupied Plots x \$10.00	= \$		
Program No.	ogram proposed for this period. Description of Maintenance or Service	Actual Cost	Volunteer Support	Grant to be Applied
	TOTAL			
	FINANCIAL STATEMENT FO	R JAN. 1 st – D	EC. 31 st , 202	4
A - Bala	ance of Funds from Previous Grants			
B – Amo	ount of Grant Received This Year			
C – Bala	ance of Funds			
Program No.	Description of Maintenance or Service	Actual Cost	Volunteer Support	Grant to be Applied
	TOTAL			
Signature of Applicant		Date		
Print Name		Position		
	mation on this form is collected under the auth) of the Alberta Free	dom Of Information And

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom Of Information And Protection Of Privacy Act. The information will be used to process your application(s) and your name and address may be included on reports that are available to the public. If you have any questions on the collection and use of this information, please contact the FOIP Coordinator at (780) 352-3321.

All pertinent information included in a written submission received from the public that is presented to a Council, Committee or Board meeting of the County of Wetaskiwin becomes part of the public meeting minutes, unless otherwise requested by the individual in writing.

Any personal information pertinent to the issue (including but not limited to, name legal land description) could be recorded in the public minutes of the meeting.