



Capital Grants - Acknowledgement of Compliance

Saddle Hills County

Please note that all questions require an answer. Should you have any difficulties completing this form, or require further assistance, please call (780) 864-3760 or email finance@saddlehills.ab.ca

Date (yyyy-mm-dd): *

Name of Organization: *

Name of Project: *

Calendar year of grant: *

Grant Amount: *

When was the work for this project completed? *

Name of Contact *

Phone Number: *

In submitting this form, you certify that the following information is true and correct:

1. The entire grant, (plus any income earned, if applicable) was used for the purpose(s) stated in Schedule "A" of the original conditional grant agreement, without material alteration, as signed by Saddle Hills County Council.
2. The grant (plus any income earned, if applicable) was expended and the work was completed by December 31, or by a different date as specified in this form.
3. The Organization did not use any portion of the grant to pay for any item not associated with the project.
4. The Organization did not use any portion of the grant to pay for work done or materials obtained before the original conditional grant agreement was approved by the County.

Notice of Collection

The personal information on this form is being collected for the purpose of confirming that Capital Grants are being used according to the conditions of their provision and will be shared with Council and Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact admin@saddlehills.ab.ca or call (780) 864-3760.

Please send me a pdf copy of this form

- ☐ Yes
- ☐ No

Email address for copy of form *