

If there is any reason you cannot complete and sign this form as is, please contact a Compliance Advisor by dialing 310-0000 toll free, then 780-427-2225.

FOR OFFICE USE ONLY
Application Number:

Return completed form by January 31, 2010 to: Alberta Municipal Affairs
Municipal Services Branch
Municipal Grants and Information Services
17th Floor, 10155 - 102 Street
Edmonton, AB T5J 4L4
Fax: 780-422-9133

Name of Municipality	
Name of Project	Grant Amount \$

I 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 the Minister of Municipal Affairs, or his delegate, on _____ or as amended on _____.
2. The grant (plus any income earned, if applicable) was expended and the work was completed by December 31, 2009 or by _____;
3. The municipality did not use any portion of the grant to pay for a provincial-municipal cost-shared program or project;
4. The municipality did not use any portion of the grant to pay for work done or materials obtained before April 1, 2008; and
5. The grant was \$50,000 or more but less than \$500,000.
Attached is a benefits report that outlines the various benefits realized by the project for the community.
6. The grant was \$500,000 or more.
Attached is a benefits report that outlines the various benefits realized by the project for the community. A Review Engagement Report prepared by an independent public accountant will be submitted at the time of the municipality's annual audit submission (by May 1, 2010, or by May 1 following the extended completion date).

Signature of Chief Administrative Officer

Print Name

Telephone Number

Date