



Community Enhancement Grant Carryover / Extension Request

If funds are not used within the authorized period this form must be completed for approval.

Organization Name: _____ Year funds received: _____

Contact Person: _____ Phone: _____

Project Name: _____

Describe why the extension is being requested.

Explain why the project cannot be completed by the project deadline.

Expected project completion date _____

How much money is requested for carryover?

Total Grant funds received \$ _____

Grant funds used to date \$ _____

Amount requested for carryover \$ _____

Applicant Signature: _____ **Date:** _____

The business information provided will be used to process the community grant extension request and is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act, (FOIP). If you have any questions about the collection and use of this information, please contact the Sturgeon County Access and Privacy Officer at 9613 - 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321 or foip@sturgeoncounty.ca.