Schedule "A" Application Form

AG SAFETY AND EDUCATION PROGRAM APPLICATION

Name of Applicant(s):	
Phone Number:	
Email Address:	
Name of Institution or Business:	
Date of Commencement:	ness: of what your request is for: pe for? ulture in our community? for each item and provide a Total Funding Request:
Please provide an overview of what yo	ur request is for:
	Business:
How many people will this be for?	
Phone Number: Email Address: Name of Institution or Business: Date of Commencement: Please provide an overview of what your request is for: How many people will this be for? How is this related to agriculture in our community? List the Costs/Expenses for each item and provide a Total Funding Request: Item: Cost: Item: Item: Item: Cost: Item: Item:	
List the Costs/Expenses for each	item and provide a Total Funding Request:
Item:	Cost:
Total Funding Request: \$	
When do you require the funds by (da	te):
Signature of Applicant	Date of Application



Submission:

Please send in your completed application via email to: agriculture@laclabichecounty.com or mail to:

Attn: Environmental Services Lac La Biche County Box 1679 Lac La Biche, AB ToA 2Co

Questions regarding this application or program can be directed to: agriculture@laclabichecounty.com or call (780) 623-6739.

Collection Statement:

"Your personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. The information is being collected for the purpose of the Ag Safety and Educational Program. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator for Lac La Biche County at (780) 623-1747."

