Community Incentive Grant Program Application Form

Whistler

This application will be photocopied; please print in ink or type.

1. Legal name of the organization ST. UITAL HISTORICAL SOCIETY & MUSEUM

2. Permanent mailing address of the organization

Address	City/Town	Postal Code
600 ST. MARY'S RD.	WPG.	R2M 3L5

Organization e-mail	Phone	Fax
svhs@svhs.ca	255 2864	

3. Names of organization's representatives who will be overseeing the project

Primary Contact	Title
Jim Fuller	GRANTS CHAIR

Business Phone	Residence Phone	Email
233 2426	795 5699	jimfuller@mymts.net

Secondary Contact	Title
Lea Girman	TREASURER

Business Phone	Residence Phone	Email
227 5512	2570747	lea.girman@shaw.ca

4. Year the organization was formed Organizations created solely to apply for the program are not eligible. Year 1995

5. CIGP requested amount Up to 50% of the total project cost to a maximum of $225,000 $ 15,000

6. List other sources of project funding including other grants, funds on hand and proposed fund-raising. Indicate whether or not each source of funding is confirmed.

Note: no other City funds may be used towards the applicant's 50% share of the project cost.

Source	Amount	Confirmed
1. ST. UITAL HISTORICAL SOCIETY FUNDRAISING	$ 15,000	(Yes) No
2.	$	Yes No
3.	$	Yes No
4.	$	Yes No
5.	$	Yes No
6.	$	Yes No

7. Total project cost Project costs should be supported by at least two contractor quotes or estimates. Enter the costs provided by the preferred contractor. $

8. Has this project received prior funding through the Community Incentive Grant Program? (Yes) No

9. Project name Assign your project an accurate, descriptive name to be used in all correspondence.

HISTORICAL ST. UITAL DISPLAYS, MARKERS & CAIRNS

10. Project Site Address Provide complete, accurate indication of exactly where the project is planned. A site plan is helpful. AT THE ST. UITAL MUSEUM AND THROUGHOUT HISTORICAL ST. UITAL

Property owned by: CITY OF WPG.

11. Anticipated Start & End Dates

Start Date	End Date
SUMMER, 2011	SUMMER, 2014

12. Detailed Project Description Attached on separate sheet or use the space on back of this form. Provide a detailed description of the project which addresses the selection criteria. Please include a description of the project objectives and how the project will accomplish those objectives, a detailed scope of work and, if possible, preliminary project plans or drawings.

APPLICANT SIGNATURES We hereby certify that I/we am/are the authorized signing officer(s) of the applying organization and this application is accurate to the best of my/our knowledge.

Signature of authorized signing officer	Title/Position	Date
Jim Fuller	GRANTS CHAIR	JULY 6, 2011
Signature of authorized signing officer	Title/Position	Date
Lea Girman	TREASURER	JULY 6, 2011