



Community Services, City of St. Albert
 Main Floor, 5 St. Anne Street
 St. Albert, AB T8N 3Z9

780-459-1600
heritage@stalbert.ca

FOR OFFICE ONLY	
Date Received:	
Date Reviewed:	

CONSERVATION GRANT APPLICATION FOR A MUNICIPAL HISTORIC RESOURCE

APPLICANT:		REGISTERED OWNER:			
Name:					
Mailing Address:					
Phone Number:					
Email Address:					
INFORMATION OF HISTORIC RESOURCE:					
Name of Resource:					
Address of Resource:					
Legal Description:	Plan		Block		Lot
Date of Designation:			Designation Bylaw #:		
CONSERVATION GRANT INFORMATION:					
Type of Grant:	<input type="checkbox"/> Major (matching 50% up to \$25,000, one time only)		<input type="checkbox"/> Minor (up to \$7,500 per year)		
Total Cost of Work:			Amount Requested:		
Other Sources of Grants (i.e. Alberta Historical Resources Foundation):	1	Grant Name:			
		Amount Requested:		Amount Approved:	
	2	Grant Name:			
		Amount Requested:		Amount Approved:	
	3	Grant Name:			
		Amount Requested:		Amount Approved:	
APPLICATION ATTACHMENTS:					
<input type="checkbox"/> Detailed information of the following: <ul style="list-style-type: none"> • Description of each work item for which funding is requested, and why the work is necessary. • Cost estimates / quotes from three (3) qualified contractors of each work item. • Start and completion dates of each work item. <input type="checkbox"/> Photos of where the conservation work is required. <input type="checkbox"/> Proposed plans, drawings, materials, etc., where applicable. <input type="checkbox"/> Invoices or receipts of completed work eligible for a conservation grant.					

I hereby submit this application with the supporting documents as required, and to the best of my knowledge and belief, the information herein is true and accurate.

 Signature of Applicant

 Date