

# Acknowledgment of Compliance

## 2006/2007 Municipal Sponsorship Program

**FOR OFFICE USE ONLY**

Application Number:

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.

**Return completed form to:** Alberta Municipal Affairs  
 Municipal Services Branch  
 Municipal Grants and Information Services  
 17<sup>th</sup> 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.

- The entire grant (plus any interest 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 \_\_\_\_\_.
- The grant (plus any interest earned, if applicable) was expended and the work was completed by December 31, 2007 or by \_\_\_\_\_;
- The municipality did not use any portion of the grant to pay for a provincial-municipal cost-shared program or project;
- The municipality did not use any portion of the grant to pay for work done or materials obtained before the original conditional grant agreement was approved by the Minister of Municipal Affairs; and
- 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.*
- 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, 2008 or by May 1 following the extended completion date).*

\_\_\_\_\_  
 Signature of Chief Administrative Officer

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Date