

LEGAL NAME: _____ APPLICATION DATE: _____
 OPERATING NAME: _____
 MAILING ADDRESS: _____ CITY: _____ PR: _____

TYPE OF ORGANIZATION(S): _____
 If this is a joint application, please submit an agreement letter signed by authorized personnel.

APPLICANT'S NAME: _____ Are you an authorized signatory? Yes No
 EMAIL: _____ PHONE: _____

HAS THE PROJECT RECEIVED APPROVAL FROM ANY REGULATORY AUTHORITIES? Yes No
 Please explain if further approval is required in your project outline.

PROJECT TITLE:
PROJECT DETAILS:
<i>Please include a map of the markings with measurements along with a project outline and the positive impacts on the community.</i>
PROJECT ADDRESS:
PROJECT INSTALL TARGET DATE:

In order for your application to be eligible, an official representative who has the capacity and the authority to submit project proposals and enter into contracts and agreements on behalf of your organization must complete this section of the form. By doing so you have attested to the following:

- I have the capacity and the authority to submit the Application for this service grant on behalf of the applicant organization
- I certify and warrant on behalf of the organization and in my personal capacity that the information provided in this Application and any supporting documentation is true, accurate and complete.
- I have read and acknowledge that Infinite Road Marking will provide their services (labour, material and equipment) in a value exchange up to a maximum of \$20,000.00. I can attest that no extra costs will be exchanged, and no monetary request required.
- I acknowledge that any additional cost of the project will be the responsibility of the applicant's organization which may include permitting if required.
- Any artwork used for markings will be created by a First Nations' Artist unless the request is for a standard regulatory marking.
- I declare that this project benefits First Nations community, facility or non-profit organization.
- I acknowledge that all permits and legal requirements will be fulfilled prior to the commencement of the work.
- I have read and understand the program's requirements.

SIGNATURE

NAME

TITLE

DATE

SIGNATURE

NAME

TITLE

DATE