**Local Government Program Services

Application Form – SAMPLE ONLY**

**This form is provided for internal use by applicants only in order to prepare for submission using the LGPS Online Application Tool. Do not submit this form to UBCM.**

All questions must be answered by typing directly in this form. **As all questions are reviewed and scored as part of the adjudication process, please do not leave any questions blank.**

If you have any questions, contact lgps@ubcm.ca or (604) 270-8226 ext. 220.

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| **Program Intake Name:**      | **File number:** (*for administrative use only)*LGPS -  |

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| **SECTION 1: Applicant Information** |
| **Primary Applicant Name** (e.g. First Nation or local government):       |
| **Primary Contact Information\***1. Full Name:
2. Position:
3. Email:
4. Phone:
 | **Secondary Contact Information\*:**1. Full Name:
2. Position:
3. Email:
4. Phone:
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*\* Contact person must be an authorized representative of the applicant (i.e. staff member or elected official).*

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| **SECTION 2: For Regional Projects Only** |
| **Identification of Sub-Applicants.** *For all regional projects, please list all of the eligible sub-applicants included in this application. Refer to the Program and Application Guide for eligibility.*      |
| **Rationale for Regional Projects.** *Please provide a rationale for submitting a regional application and describe how this approach will support cost-efficiencies in the total grant request.*      |

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| **SECTION 3: Project Information** |
| **Project Details:*** 1. Project Title:
	2. Project start and end dates. Start:       End:
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| **Project Budget and Grant Request:**1. Total project budget: $0.00
2. Total grant request: $0.00
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| **Other Funding:** *If you have applied for or received funding for this project from other sources, please indicate the source and the amount of funding received or applied for.*1. Total amount: $0.00
2. Source:
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| **Project Summary**. *Provide a brief summary of proposed activities.*      |
| **Progress to date.** *If previously funded under same funding program/funding stream, provide an update on the status of previously approved projects.*      |

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| **SECTION 4: Signature**  |
| I certify that to the best of my knowledge: (1) all information is accurate, (2) the area covered by the proposed project is within the applicant’s jurisdiction (or appropriate approvals are in place) and (3) it is understood that this project may be subject to a compliance audit under the program. |
| Submitted by:       | Title:       |
| Signature\*:      *\*A certified digital or original signature is required.* | Date:       |