

Summer Village of White Sands

Policy Reference: ADM1.11 – Recognition and Community Promotion Policy

Date Submitted: _____

1. Application/Organization Information

NAME:	
ORGANIZATION: (if applicable)	
MAILING ADDRESS:	
PHONE NUMBER:	
EMAIL:	

2. Type of Request (Check One)

- Recognition of Service
- Community Promotion /
- Sponsorship
- Donation / Event Support
- Promotional Items or Materials

3. Description of Request

Provide a brief explanation of the request, including event details, dates, or purpose of recognition:

4. Community Benefit

Describe how this request supports community spirit, promotes the municipality, or benefits residents:

5. Administration Review

- Within approved budget allocation
- Exceeds budget – Council consideration required
- Eligible under ADM1.11
- Not eligible

CAO Comments / Recommendation:

6. Approval

Approved By: Council

DATE APPROVED:	
AMOUNT APPROVED:	\$ _____
RESOLUTION: (if applicable)	

7. Follow-up /Notes

Date completed / item purchased / event held: _____

Comments / notes for record:
