DECLARATION FOR APPLICANTS: Economic Action Plan Grant

Please print, sign, scan, and submit this Declaration at the same time as you submit your Application. Please see edmonton.ca/businessgrants for more information.

In the matter of the Economic Action Plan Grant Application dated __________, 20__, submitted in respect of the City of Edmonton’s Economic Recovery Grant Program - Economic Action Plan Grant (the “Application”).

I, ______________________ (name), hereby declare that:

1. Choose one of the following: (insert a checkmark next to your selection below)

☐ I am an officer or a director of ______________________ (the “Applicant”) [insert the legally registered name of the corporation]. I am authorized by the Applicant to act on its behalf with respect to the Application.

OR

☐ I am the owner and sole proprietor of the business operating as ______________________ (the “Applicant”) [insert the registered trade name or operating name of business].

2. I confirm that all information contained in the Application, including all supporting documentation thereto, are true and complete to the best of my knowledge. Further, I understand that any misrepresentation contained in the Application may result in the Application and the Applicant being disqualified for consideration of funding through the Economic Action Plan Grant (the “Grant”).

3. I confirm that I have reviewed the Program Guide and Procedures for the Grant (collectively, the “Procedures”), which are located on the website for the Grant, and the Economic Action Plan Grant Application Form (the “Form”) carefully, including all information links embedded therein, and understand the requirements set out therein.

4. I UNDERSTAND THAT THE PROCEDURES AND FORM CONTAIN VERY IMPORTANT INFORMATION ABOUT MY AND THE APPLICANT’S RIGHTS AND OBLIGATIONS, AS WELL AS LIMITATIONS AND EXCLUSIONS THAT MAY APPLY TO ME AND THE APPLICANT.

5. I understand that submitting the Application does not guarantee or entitle the Applicant to any award of grant funding from the City of Edmonton. I also understand that if any funding is awarded to the Applicant, it may be in an amount that is less than requested in the Application.
6. I understand that all decisions regarding the Application are final and cannot be appealed.

7. I understand that if the Applicant receives the Grant, I may be contacted by a representative of the City of Edmonton and asked to provide information about my experience with and the effectiveness of the Grant, suggestions for improvement, and my overall opinions on the Grant’s success. **If this occurs, I agree to provide such information to the best of my ability.**

8. I acknowledge and agree that neither I nor the Applicant will have any claim against the City of Edmonton or any of its employees, advisors, or representatives for anything resulting from the exercise of any or all of the rights set out in the Procedures. Without limiting the generality of the foregoing, I acknowledge and agree that in no event will the City of Edmonton, or any of its employees, agents, advisors, or representatives be liable, under any circumstances, for any claim, or to reimburse or compensate myself or the Applicant in any manner whatsoever, including, without limitation, for the costs of preparing and/or submitting the Application, awarding financial support, failing to award financial support, refusing an application, loss of anticipated profits, loss of opportunity, or any other matter.

9. I understand that any misrepresentation contained in the Application may result in the disqualification of the Applicant, myself, and/or any other entity associated with the Applicant or myself, from consideration for future City of Edmonton funding opportunities.

10. I confirm that the Applicant or I are not involved in any active or pending litigation against the City of Edmonton.

**By signing this Declaration I confirm that I have authority to bind the Applicant.**

Name: _____________________________
__________________________________
Signature

Title: ______________________________

Date: ______________________________