Downtown Revitalization Incentive Program
Application Form: Reimbursement

Please complete this form and submit all required documents. Complete forms and questions can be directed to the Program at incentives@rmwb.ca.

Important Reminders:

- Projects must be fully complete and paid for before reimbursement is requested. Please submit all documents (except for the completed vendor form) in a single email .
- Permits issued by RMWB Safety Codes Services must be closed and all work must be inspected.

Date:	

Project Information		
Application Number: *See page 1 of your agreement*		
Project Address:		, Fort McMurray, AB

Applicant Information	
Legal Entity Name:	
Legal Entity Address: *Corporate address*	
Authorized Representative(s): *As identified on Corporate Search*	

Reimbursement Checklist

- ☐ **Letter or Email from the Authorized Representative advising that project is complete**
- ☐ **After Photos**
- ☐ **Completed Reimbursement Spreadsheet** (template found under Resources Section of DRIP website)
- ☐ **Original Detailed Invoices and Receipts**
  - ☐ Invoiced expenses must clearly relate to the line items described in Schedule "B" of your grant agreement**.**
  - ☐ Receipts must demonstrate that contractors and suppliers have been paid in full (i.e., proof of payment). This may include an invoice marked “Paid” or a copy of the cheque.
- ☐ **Municipal Permit Numbers and/or Copies** — **Permit Numbers**
  - ☐ Development Permits
  - ☐ Building Permits
  - ☐ Trades Permits (e.g., electrical permit)
  - ☐ Other Municipal Permits or Authorizations
- ☐ **Municipal Business License Number (if applicable)**
- ☐ **Vendor Form has been submitted (see page 2 of this form)**
  - ☐ Grant funding is provided by electronic funds transfer. Please complete the form (and provide your banking details directly to master.data@rmwb.ca using the attached Vendor Form.

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used to process your application, administer the Program and as contact information. If you have any questions about the collection or use of this information, please contact incentives@rmwb.ca.

REGIONAL MUNICIPALITY OF WOOD BUFFALO

VENDOR INFORMATION REQUEST FORM

The completed form and required banking document can be returned by email to master.data@rmwb.ca

Check one

☐ New Form ☐ Update/Change Information

YOUR RMWB CONTACT PERSON:_____

YOUR RMWB CONTACT DEPARTMENT:_____

NOTE: For our preferred EFT method of payment one of the required banking documents must be included with this form:

1. Official preprinted deposit slip from the bank which includes company name and address, bank name with address, bank key and bank account number.
2. Preprinted void cheque with company name and address, bank name and address, branch/transit number, financial institution number and account number. If an online void cheque is provided this must be stamped and signed by the issuing bank; or
3. A letter from the bank with company name and address, bank name and address, transit no., institution no., account no., current date, print name, bank stamp and signature of bank authority.

VENDOR NO: _____

(Completed by RMWB for all new vendor forms)

FULL LEGAL VENDOR NAME: _____

Operating as: _____

FORMERLY (if applicable): _____

To assess potential or perceived conflict of interest, please confirm if this vendor has a personal or professional affiliation with an RMWB employee, Mayor or Council or Committees associated with RMWB.

☐No ☐Yes If yes, please provide details. Department: _____

Relationship: _____

MAILING ADDRESS:

PO BOX /STREET NUMBER: _____

CITY: _____ PROVINCE: _____

COUNTRY:_____ POSTAL CODE: _____

TELEPHONE NO:_____ FAX NO: _____

EMAIL ADDRESS FOR PURCHASE ORDERS: _____

CONTACT PERSON: _____ TITLE: _____

EMAIL ADDRESS FOR EFT REMITTANCES: _____

CONTACT PERSON:_____ TITLE: _____

CORES SEARCH: _____ VERIFIED BY RMWB: _____

GST REGISTRATION NUMBER:_____ VERIFIED BY RMWB: _____

DOES THE WORK INVOLVE LABOR? YES _____ NO_____

WCB NUMBER: _____ VERIFIED BY RMWB: _____

MUNICIPAL BUSINESS LICENSE NUMBER: _____

Is the ordering address different from above? No _____ Yes_____ If yes, attach additional details.

IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE THE REGIONAL MUNICIPALITY OF WOOD BUFFALO OF ANY CHANGES BY CONTACTING MASTER.DATA@RMWB.CA

_____ _____

AUTHORIZED PRINTED NAME SIGNATURE

_____ _____

TITLE (manager or above required) DATE

For Office Use Only:

AP Supervisor	_____	_____	_____
	Print Name	**Signature**	**Date**
Created in master data by:	_____	_____	_____
	Print Name	**Signature**	**Date**

This request form is required to protect the RMWB and our Vendors from possible fraudulent activity