

## Physician Incentive Program Application Form

The Town of Strathmore is piloting a grant program to incentivise the establishment of local medical offices. The purpose of this grant is to support practitioners in coming to Strathmore to set up primary medical care offices.

To be eligible for the grant, applicants must agree to commit to opening a primary medical care office in the Town of Strathmore, and agree to pay the grant back to the Town should the physician practice in the Town for less than five (5) years.

**Applications will be accepted starting July 24, 2025, and will close once an eligible application is received.** Additional applications will be kept on file in the order received, and reviewed should other funds become available.

### Section A Contact Information

Clinic operating name:	
Clinic legal name: (if different from operating name)	
Phone number:	
Email address:	
Mailing address:	
Physical address: (if different from the mailing address)	

### Section B Program Application

- ☐ I am committed to opening a new practice in the Town of Strathmore within 6-months.
- ☐ I acknowledge that I am required to pay the grant back to the Town, should the practitioner and practice remain in the Town for less than 5 years.
- ☐ Upon request I will provide the Town with documentation of costs incurred.
- ☐ I'm committed to having the primary care office open 5 days a week for full time office hours.
- ☐ The office shall prioritize Strathmore residents and agrees to annual reporting on metrics.

### Section C Attestation

- ☐ I have the authority to submit this application for funding to the Town of Strathmore. I certify that the information provided is true, accurate and complete.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please submit completed form  
**By email:** [lsadmin@strathmore.ca](mailto:lsadmin@strathmore.ca) or  
**In person:** 1 Parkland Drive, Strathmore, AB