



Rural Municipality of Woodlands

Box 10
 Woodlands, Manitoba
 R0C 3H0
 Telephone (204) 383-5679
 Fax: (204) 383-5169
 Email: cao@rmwoodlands.ca

Trevor King – Reeve

Adam Turner, CMMA
 Chief Administrative Officer

Community Enhancement Grant Application

Application deadline: January 15, 2018

COMMUNITY ENHANCEMENT GRANTS are for organizations who are requesting UNDER \$5000 to assist with execution of a one-time special event or project. Preference will be given to activities of a cultural nature, that are community enriching, or that are for public enjoyment. Requests for \$500 or less only require the budget portion of this application to be filled out. Requests between \$500 and \$5000 must be accompanied by a copy of your most current financial report and other sources of revenue. Please contact our Economic Development Officer at (204) 383 - 5679 should you have any questions regarding eligibility.

Amount requesting: \$ _____

ORGANIZATION / AGENCY INFORMATION	
ORGANIZATION/AGENCY NAME & MAILING ADDRESS	
WEBSITE (IF APPLICABLE)	
CHAIRPERSON/PRESIDENT	
PRIMARY CONTACT PERSON	EMAIL
PHONE NUMBER	FAX NUMBER (IF APPLICABLE)

Schedule: A	Release Date: Dec. 1/15	Revision Letter: A
Department: Finance & Administration	Revision Date: July 12/16	Page 1 of 3

OTHER INFORMATION	
REGISTERED CHARITY NUMBER (IF APPLICABLE)	HAVE YOU RECEIVED FUNDING FROM US IN THE PAST? YES ____ NO ____
IF YES, BRIEFLY EXPLAIN	

FUNDING INFORMATION	
DESCRIBE THE PURPOSE OF THE GRANT FUNDS BEING REQUESTED	
LOCATION OF EVENT (IF APPLICABLE)	YEARS HELD/OPERATING (IF APPLICABLE)
<p><u>IF REQUESTED AMOUNT IS LESS THAN \$500, A COPY OF MOST RECENT FINANCIAL STATEMENT(S) IS NOT REQUIRED. ONLY THE APPLICABLE BUDGET SECTION NEED BE FILLED OUT. IF AMOUNT REQUESTED IS OVER \$500, BOTH ARE REQUIRED.</u></p> STATEMENTS ATTACHED YES ____ NO ____	

PROJECT BUDGET

Please provide detailed information with respect to anticipated revenue and expenses (include all monies received or receivable from other sources)

REVENUE/ASSETS

ORGANIZATIONAL CONTRIBUTION = _____

OTHER FINANCIAL RESOURCES:

_____ = _____

_____ = _____

_____ = _____

_____ = _____

TOTAL REVENUE/ASSETS: _____

EXPENSES

PROJECT EXPENSES:

_____ = _____

_____ = _____

_____ = _____

_____ = _____

_____ = _____

TOTAL EXPENSES: _____

TOTAL REQUESTED: _____

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Other Information/Comments:

I certify that, to the best of my knowledge, the information provided on this application is accurate, complete and is endorsed by the organization identified on this form.

Date

Signature of Applicant

OFFICE USE ONLY	
AMOUNT APPROVED TO MUNICIPAL BUDGET PROCESS	DATE
_____ Trevor King, Reeve	_____ Adam Turner, CAO

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