



# Rural Municipality of Woodlands

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 Woodlands, Manitoba  
 R0C 3H0  
 Telephone (204) 383-5679  
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Trevor King – Reeve  
 Adam Turner, CMMA  
 Chief Administrative Officer

## Operations & Annual Support Grant Application

**Application deadline: January 15, 2018**

OPERATIONS & ANNUAL SUPPORT GRANTS are for community organizations requesting support for such things as donations to annual charitable events, or assistance with other operational expenses. 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)

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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 GRANT FUNDING <u>AND/OR</u> CHECK MOST ACCURATE IN RIGHT-HAND COLUMN	<input type="checkbox"/> ANNUAL EVENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> OTHER _____
LOCATION OF EVENT (IF APPLICABLE)	YEARS HELD/OPERATING (IF APPLICABLE)
IF REQUESTED AMOUNT IS LESS THAN \$500, A COPY OF MOST RECENT FINANCIAL STATEMENT(S) IS <i>NOT</i> REQUIRED. ONLY THE <b>BUDGET</b> SECTION NEED BE FILLED OUT. IF AMOUNT REQUESTED IS <u>OVER \$500</u> , BOTH ARE REQUIRED. STATEMENTS ATTACHED YES ____ NO ____	

## 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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